

NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the *Register* 1st as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the *Arizona Administrative Register* after the final rules have been submitted for filing and publication.

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

PREAMBLE

1. Sections Affected

Article 1

R9-25-101

Article 2

R9-25-201

R9-25-202

R9-25-203

R9-25-204

R9-25-205

R9-25-206

R9-25-207

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Article 3

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Article 4

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Article 5

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2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing statutes: A.R.S. §§ 36-136(F) and 36-2209(A)

Implementing statutes: A.R.S. §§ 36-2202, 36-2204, and 36-2205

3. The effective date of the rules:

January 1, 1997

4. A list of all previous notices appearing in the Register, addressing the final rule:

None.

5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:

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6. An explanation of the rules, including the agency's reasons for initiating the rules:

A.R.S. § 36-136(F) provides the general authority for the Department to make or amend rules. A.R.S. § 36-2209(A) specifically authorizes the Director to adopt rules which are necessary for the operation of the Division of Emergency Medical Services (EMS) and for carrying out the provisions of Chapter 21.1. A.R.S. § 36-2204(1) through (7) authorize the Medical Director and EMS Council to recommend standards to the Director in the following areas: training, certification and recertification of emergency medical technicians (EMTs), testing, standards for EMT training programs, criteria for EMT continuing education, standards for emergency receiving facilities and advanced life support (ALS) base hospitals, standards for the decertification of EMTs, ambulance attendants and ALS base hospitals. A.R.S. § 36-2202(A)(3) requires the director to adopt rules pursuant to those standards. A.R.S. § 36-2202(A)(4) charges the Director to adopt rules pursuant to the chapter, identifying Sections and subsections of the statute under which the rule was formulated.

The proposed rules establish standards for clearer definitions relating to Articles 2 through 6 (Article 1); ALS Base Hospital certification (Article 2); Basic Life Support (BLS) training programs (Article 3); certification of ALS training programs (Article 4); and certification of BLS and ALS personnel (Articles 5 and 6). Construction of the proposed rules has been altered to enable users to follow the rule in the general order of the certification being sought.

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The ALS Base Hospital rules contain a basis for denial with identification of the bases for denial. The rule also creates a quality improvement process linking the ALS Base Hospital and EMS agencies with whom the hospital contracts. The rules also create clearer criteria for continuing medical education for the EMS personnel assigned to the hospital and clarifies the responsibilities of the base hospital medical director, the prehospital manager, base hospital physicians, and nurse intermediaries.

The BLS and ALS Training Program rules, Articles 3 and 4, respectively, clarify the application procedure required and assure that all training complies with federal standards for protection from human pathogens. The rule establishes clear grounds under which an application may be denied. The rule establishes the role of BLS training program medical director, which previously existed only in ALS training programs, and outlines the responsibilities for the role. It expands the description of the position identified in the current rules as the BLS Training Program Coordinator, renaming it as the BLS training program director to more clearly define the roles and responsibilities of the position. As ALS training programs are more complex, Article 4 defines a course manager, whose responsibilities focus on-site supervision to assure that the classroom schedule, hospital and vehicular schedules are kept current. The role of BLS course Instructors, which exist in the current rules, and Preceptors, which are newly identified, are defined more clearly.

Physical requirements for the class area, equipment available for each class section, and class size are more clearly explained. Current rules for applicants for ALS training programs allow for testing and interviewing prior to acceptance. The proposed rules clarify those selection requirements.

Current rules only identify that the training program curricula are "on file with the Secretary of State." Further, those curricula do not reflect the changes in scope of practice and technology that have occurred since the current rules were adopted. The proposed rules contain new curricula that reflect the changes. The proposed BLS curriculum is the National Standard Curriculum developed by the U.S. Department of Transportation. The Intermediate and Paramedic curriculum are specifically tailored to the needs of Arizona.

Course applicant prerequisites are more clearly established in the proposed rules. Those prerequisites include standardized testing of reading proficiency and documentation of immunization for Rubella, Rubeola, and Varicella. The course also has responsibilities to the applicants to provide a clear explanation of the program, a complete list of equipment, books, etc., that the student must obtain, a clear explanation of the physical demands that will be placed on the individual by virtue of the certification, and program requirements with respect to absences, grading, and other issues.

A significant component of both the ALS and BLS Training Program Rules is establishment of a Quality Management Program, a prospective and participatory quality improvement process between the Department and the training program. The Quality Management Program includes evaluations of the training by the Department, the program and systematic customer service surveys of students, instructors, preceptors, and agencies with students in the class.

Articles 5 and 6 relate to Basic and Advanced Life Support certification. Again, the structure of the proposed rules is based upon the flow of the individual's application. General application requirements are followed by the applicant screening process, grounds for denial, and the examination process. Within these 1st sections are much clearer definitions of the physical and character requirements to become an EMT. Because EMTs are placed in circumstances where citizens are extremely vulnerable, individuals who have been convicted of serious crimes may not become certified except through a specified process.

A significant change within Articles 5 and 6 is the deletion of a physical examination requirement prior to certification examinations. Upon review of written and oral testimony on the proposed rules, the Department agrees with the EMS community that the primary responsibility for assuring physical capability to perform to the scope of EMT practice may appropriately be placed upon the applicant, with some responsibility placed upon the training program to attest that each student was capable of meeting the physical requirements of the mandated practical skills examination.

The examination of applicants for BLS and ALS certification shall be through examinations developed by the National Registry of EMTs, a nationally recognized test development, validation and certification entity. The use of National Registry as the testing process was recommended by the Auditor General in a 1988 report on the Bureau of EMS. While the Registry has been used at the ALS level, it has yet to be incorporated into the BLS level. The proposed rules also acknowledge and specify the nature of accommodations that may be granted applicants with disabilities, consistent with the Americans with Disabilities Act.

As the scope of practice of BLS and ALS level EMTs is expanding, the proposed rules provide a basis for specified additional training and higher levels of care for EMTs who take the training and are given appropriate examinations. At the BLS level, the additional training includes advanced airway management via endotracheal intubation. At the ALS level, it includes administration of immunizations to healthy children.

Continuing medical education and recertification are addressed in more specific detail, to allow EMTs and their ALS base hospitals to plan for well rounded professional education. The proposed rules also provide a mechanism for individuals who, for medical reasons, require an inactive status for up to 24 months.

Unprofessional conduct is given a clear definition for both ALS and BLS EMTs. EMTs affiliated with an employer who provide patient care are required to complete a 1st care form documenting the medical care they provide for each patient they encounter while working.

Most of the rules currently in force were adopted July 16, 1981, and have undergone no major modification since then. In 1981, there were approximately 400 paramedics, about 300 Intermediate EMTs and about 5,000 Basic EMTs. Over 350 of the paramedics were located in Phoenix and Tucson. Between 30 and 35 ALS Base Hospitals existed, nearly all in Phoenix and Tucson. Intermediate EMTs functioned in the rural areas as the highest level of care.

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A number of specific treatment modalities are identified in the current rules which have either been proven ineffective, hazardous to perform in the field, or utilize equipment that has been withdrawn from the market. In addition, the rules used terminology which has been effectively rendered void due to either vagueness or new state and federal laws such as the Americans with Disabilities Act. Terms such as "unprofessional conduct", "addiction" and "incompetent", among others, have no clear definition anywhere in EMS rules. In the new rules package, those terms have either been defined, replaced with words that are clearly defined, or replaced in concept to accommodate changes in the Federal law, e.g., Americans with Disabilities Act.

Specific weaknesses found in Article 2, ALS Base Hospital rules, include definitions that are obsolete or words, phrases or standards that have no definition. The rule's construction does not track with the application process, forcing applicants to jump between sections to understand the application process and requirements. Recertification is outlined in only cursory fashion, and no provision exists for amendment of the certification, transfer, or for denial. ALS base hospitals carry a significant portion of the responsibility for continuing education of EMTs, but the current rule provides no clear guidance on how that is to be accomplished. Qualifications and responsibilities of the ALS base hospital medical director and prehospital manager are not clearly outlined.

Articles 3, 5, and 7 cover Paramedic, Intermediate and Basic Training Programs. There is substantial repetition in the paramedic and intermediate articles, which led to their consolidation in the proposed rules. These articles, like Article 2, are not structured to carry an applicant through the application process. None of the articles includes the forms, curricula and documents required by the articles. None of the articles provides a mechanism for cooperative review between the Department and the training program to review training being performed and assess needs and areas of improvement. Articles 3 and 5 address the instructional and coordinative staff in cursory fashion, listing some criteria for selection but making minimal reference to their responsibilities. No mention is made of how to provide opportunities for EMTs from other states to work within Arizona's ALS training programs to acquire skills required of Arizona personnel.

Articles 4, 6, and 8 cover Paramedic, Intermediate, and Basic EMT certification. Substantial repetition exists in Articles 4 and 6, which does not contribute to improved understanding of the requirements. The Articles are not structured to carry the individual applicant through the application process. Treatment activities listed in the 3 Articles include therapies no longer used in the field and equipment that is either obsolete or no longer on the market. The 3 Articles provide conflicting or inconsistent language about who is to be able to physically provide the test. Recertification requirements are vague; no information on the number of hours or subjects required is provided. Statutory changes in recertification testing requirements for ALS personnel are not reflected in the current rules.

7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:

Not applicable.

8. The summary of the economic, small business and consumer impact:

The impact of these rules will be on current ALS Base Hospitals, EMT training programs, currently certified EMTs, EMS providers, and consumers in the form of individuals who will be applying for certification as an EMT. The requirements, potential increased costs/decreased revenues, or decreased costs/increased revenues vary in scope and depth, based upon the person of entity's status.

The Department received substantial and articulate written and oral comments regarding the programmatic and EMS system impacts of the proposed rules, and as noted below, incorporated the vast majority into the final draft. However, none of the comments precisely quantified either increased costs/decreased revenues or decreased costs/increased revenues as a result of the proposed rules. The most specific additional costs the Department sees for consumer/applicants will be in the certification examination, which will cost \$15 per test, and possibly an additional maximum of \$15 for test administration. For ALS testing, the examination fee is \$35 with a maximum allowable additional fee of \$100 for test administration. The substantial difference in test administration fees between the basic and advanced level testing lies in paying for 4 to 6 practical skills testing stations, which require substantial equipment and personnel.

For currently certified EMTs, increases in recertification costs will be determined by the degree to which their employer and ALS Base Hospital provides continuing medical education meeting recertification requirements. Exact assessment of additional costs is not currently available, as proposed refresher training programs have yet to be offered.

A significant additional cost proposed in these rules is the establishment of a BLS training program medical director. The Department estimates that the most conservative estimate for costs per student would be about \$50, assuming sections of 20 students. The proposed rules do not limit the BLS Training Program Medical Directors to a given number of sections, or even limit them to 1 training program. Consequently, training programs in an area or region could conceivably share a joint medical director, with shared costs substantially reducing the cost per student, section, and training program. A "regional medical director" has existed in the past, and this individual could also work within Article 2, the ALS Base Hospital Rules, to assist base hospital medical directors in meeting the protocol development requirements, supporting service agreements, and other programmatic components of the base hospital rules.

The additional requirements for orientation, protocol development and review by identified ALS Base Hospital staff will incur some additional costs. However, these rules also permit the hospitals to provide refresher training, which offers increased revenues. The Department has eliminated a requirement for physicians and other licensed clinical staff to ride on emergency units. Substantial comment from hospital staff noted high cost of this requirement, its non-productivity, and potential medicolegal liabilities. The Department has provide multiple options to address this issue which will have the effect of increasing the time efficiency of the participation of licensed hospital staff in continuing education requirements.

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9. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):
The changes include:

1. **R9-25-101(3)** Added "for ALS personnel" after "medical direction" in the 1st line and changed "EMTs" to "providers" in the 2nd line.
2. **R9-25-101(4)** Added definition for "Administrative medical direction for EMT-basic": means supervision of EMT-Basic prehospital providers by a base hospital medical director or basic life support medical director." and renumbered (4) through (57) to (5) through (58).
3. **R9-25-101(5)** Changed "and" to "or" in the 2nd line.
4. **R9-25-101(6)** Added "and holds a current instructor's card." after "Course" in the last line.
5. **R9-25-101(7)** Deleted word "thoracostomy" from sixth line.
6. **R9-25-101(12)** Added "and holds a current instructor's card." after "instructor course" in the last line.
7. **R9-25-101(14)** Deleted "a basic" from the 3rd line and made "technician" plural "technicians".
8. **R9-25-101(19)(a)** Added "off-line medical direction, or predetermined medical direction;" after "direction" in 2nd line.
9. **R9-25-101(21)** Added definition for "continuing education" means planned, organized learning experience designed to build upon the education and experiential bases in order to enhance practice, education, administration of research, thereby improving health care to the public." and renumbered from (19) through (58) to (20) through (59).
10. **R9-25-101(27)** Deleted "medical" and "trauma" from the 2nd line; deleted "assessment," from the 3rd line.
11. **R9-25-101(28)** Replaced "the ALS base" in the 2nd line with "A"; and added "or patients on whom a field incident report form or 1st care form was initiated." after agency in the 2nd line; and deleted "and patient encounters documented by EMT personnel assigned to the base hospital."
12. **R9-25-101(31)** Deleted "excused absence" means a leave approved by the training program medical director or training program director." and renumbered from (31) to (58) to (32) through (58).
13. **R9-25-101(34)** Added "if a transport occurs." after "transportation" in the last line.
14. **R9-25-101(35)** Deleted "or under investigation" after word "revocation" in last line.
15. **R9-25-101(40)** Added "a physician's assistant or nurse practitioner approved by the base hospital medical director and who has attended the base hospital physician's orientation and" after "intermediary or" in the 2nd line; and deleted "field incident command nurse" prior to "who is designated" in 5th line.
16. **R9-25-101(41)** Added definition for "Multimedia instruction" means learning activities which have a consistent media based form, computer based form, or on-going serial productions, which have an evaluative process that has been approved by the participant's medical direction authority."
17. **R9-25-101(43)** Added definition for "Off-line medical direction": " means development and approval of written protocols by the base hospital medical director developed in compliance with A.R.S. § 36-2205 and including training and quality assurance components. These protocols shall include a requirement for prehospital medical personnel to notify the receiving facility prior to arrival." and renumbered from (40) through (58) to (43) through (59).
18. **R9-25-101(45)** Replaced "EMT-P" with "individual" in the 1st line.
19. **R9-25-101(47)** Added definition of "Predetermined medical direction": means development and approval of written protocols by the regional councils developed in compliance with A.R.S. § 36-2205 and including training and quality assurance components and made available to the base hospitals. These protocols shall include a requirement for prehospital medical personnel to notify the receiving facility prior to arrival." and renumbered from (43) through (58) to (47) through (60).
20. **R9-25-101(54)** Added "and treatment" after assessment in 4th line.
21. **R9-25-101(53)** Deleted "unexcused absence" means leave that is not approved by the medical director or training program director." and renumbered from (55) through (58) to (57) through (59).
22. **R9-25-101(57)** Replaced "employed by" with "acting as an agent of" in the 1st line.
23. **R9-25-101(59)** Replaced "evaluate" with "observe" in the 4th line.
24. **R9-25-206(C)(3)** Deleted "unit number and" after "that lists the" in the 1st line.
25. **R9-25-206(C)(9)** Replaced "on the transport vehicle" with "for the contracted provider agencies" on the 2nd line.
26. **R9-25-206(D)(2)(b)** Replaced "the review of all protocols adopted pursuant to A.R.S. § 36-2205 and procedures established by the base hospital." with "all new and modified protocols on a yearly basis and also note any deleted protocols or procedures." after "document" in the 4th line.

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27. **R9-25-206(D)(2)(c)** Deleted "A protocol for identifying emergency medical patients who pose a high risk because of medical condition, site or complexity of injury." and added new paragraph (D)(2)(c) as follows in item 27.
28. **R9-25-206(D)(2)(c)** Added "Documented review by all medical direction authorities and prehospital personnel of all protocols and procedures shall be done every 2 years in concordance with the base hospital certification."
29. **R9-25-206(D)(2)(d)(i)** Deleted "All refusals to treat," and added "Random review of 5% of refusals to treat per month to a maximum of 100 per month."
30. **R9-25-206(D)(2)(d)(iv)** Deleted "All emergency medical technician defibrillator cases, and," and renumbered paragraph (v) To paragraph (iv).
31. **R9-25-206(F)(2)** Added "newly appointed" after all in the 1st line. Added "within 30 days of appointment" after "program" in the 2nd line and deleted "bi-annually and all newly hired physicians, nurses and staff attend the orientation program within 30 days of beginning employment at the base hospital" that followed "program" in the 2nd line.
32. **R9-25-206(F)(3)** Added "Assure that all medical direction authorities document and review all updated or modified protocols on a yearly basis."
33. **R9-25-206(H)(1)** Replaced "upon authorizing transport to that facility." with "if notification has been made to the base hospital rather than the receiving facility." after "patient" in the 2nd line.
34. **R9-25-206(I)(1)** Added "a" after "over" in the last line. Added "to 12" after "9" in the last line. Added "period" after "month" in the last line and deleted the "s" in "months" to make it "month". Deleted "per year" that came after "month"
35. **R9-25-206(I)(2)** Added "for each level of EMT" after "requirements" in the 1st line, and deleted "for each level of EMT." after "education" in the last line.
36. **R9-25-207(B)(7)** Added "Assure that the prehospital manager" to the beginning of the 1st line and pluralized "maintain" to "maintains".
37. **R9-25-207(B)(7)(a)** Added "updated or modified" before "policies" in the 2nd line.
38. **R9-25-207(B)(8)** Added "Documented review by all medical direction authorities and prehospital personnel of all protocols and procedures shall be done every 2 years in concordance with the base hospital certification." Renumbered paragraphs (8) through (10) to (8) through (11).
39. **R9-25-208(A)(2)** Added "prior to appointment, and" before "trauma" in the 2nd line; added "assessment and" after "patient" in the 2nd line; deleted "the 24 months prior to" after "within" on the 4th line; added "6 months of" after "within" on the last line.
40. **R9-25-208(B)(9)** Replaced "knowledge of" with "compliance with" in the 1st line.
41. **R9-25-209(A)** Added "or board eligible" at the beginning of the 4th line.
42. **R9-25-209(B)(3)** Replaced "administrator" with "medical director" in the 1st line.
43. **R9-25-209(B)(4)** Replaced "vehicular ride-along time" with "the requirements in 209.B.5." in the 1st line. Replaced "of employment" with "after appointment" at the end of the last line.
44. **R9-25-209(B)(5)** Deleted "After the 1st year of employment," at the beginning of the 1st line.
45. **R9-25-209(B)(5)(c)** Replaced "one hour" with "3 hours" in the 3rd line.
46. **R9-25-209(D)** Added "Presentations meeting continuing education requirements for prehospital personnel or participation in base hospital activities meeting the requirements of Section 206 of this Article. One hour of participation equals 2 hours of continuing education."
47. **R9-25-211(6)** Deleted "Maintain a yearly log of all patches received by the base hospital. The base hospital shall retain the log for 3 years from the ending date of the log." Renumbered paragraphs (6) through (8) to paragraphs (6) through (7).
48. **R9-25-301(C)** Deleted "verbal or" after "receives" in the 3rd line.
49. **R9-25-303(A)(2)** Added "hold current status in advanced cardiac life support and" after "or" in the 3rd line.
50. **R9-25-304(A)(1)** Replaced "intermediate or paramedic" with "or EMT at any level" in the 3rd line.
51. **R9-25-304(A)(2)** Deleted "Have successfully completed a course in advanced cardiac life support within the preceding 24 months and every 24 months thereafter.", and renumbered paragraph (3) to paragraph (2).
52. **R9-25-304(A)(1)** Replaced "intermediate or paramedic." with "or EMT at any level." in the 2nd line.
53. **R9-25-304(A)(2)** Replaced "intermediate or paramedic" with "or EMT at any level" in the 3rd line.
54. **R9-25-305(A)(4)** Replaced "intermediate or paramedic" with "or EMT at any level" in the 3rd line.

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55. **R9-25-305(A)(5)** Replaced "that meets" with "equivalent to" in the 2nd line.
56. **R9-25-306(A)** Added "and vehicular" after "clinical" in the 1st line. Replaced "paramedic or intermediate" with "basic EMT trained under the 1994 curriculum, or an intermediate with defibrillation status or paramedic" after "physician," in the 2nd line. Added "At least 2 years field experience is required for all EMTs functioning as preceptors." after "Arizona" in the 4th line.
57. **R9-25-307(B)(2)(a)** Replaced "15" with "20" at the beginning of the sixth line.
58. **R9-25-307(E)(2)** Deleted "during clinical rotations" after "signs" in the 3rd line. Added "during clinical rotation or supervised vehicular training" after "skills" in the 3rd line. Deleted "the clinical" and added "a" after "of" in the last line.
59. **R9-25-307(E)(4)** Added "within their clinical site contracts" after "require" in the 1st line.
60. **R9-25-307(F)(2)(a)(iii)** Replaced "the" with "a" in the 2nd line.
61. **R9-25-309(A)** Deleted "A" for this paragraph because there is no "B".
62. **R9-25-309(5)(a)(i)** Deleted "Unexcused absence from didactic classes or clinical or vehicular rotations shall render the student ineligible to complete the course." Renumbered paragraphs (i) through (v) to (i) through (iv).
63. **R9-25-309(5)(a)(i)** Deleted "excused" from the beginning of the 1st line.
64. **R9-25-309(5)(a)(ii)** Deleted "excused" from the beginning of the 1st line.
65. **R9-25-309(5)(a)(iii)** Deleted "excused" after "vehicular" in the 1st line. Deleted "excused" after "vehicular" in the 1st line.
66. **R9-25-309(5)(a)(iv)** Deleted "excused" after "If the" in the 7th line.
67. **R9-25-309(13)** Added "Varicella" after "Mumps," in the 2nd line.
68. **R9-25-310(C)(3)(a)** Added "a final" after "conduct" in line 1. Changed "surveys" to "survey" in line 2. Added "evaluating the" after "students," in line 2.
69. **R9-25-310(C)(3)(b)(iv)** Deleted "The name and contact phone number of the survey respondent,"
70. **R9-25-310(C)(3)(b)(v)** Deleted "A statement that the survey respondent shall remain anonymous unless the respondent authorizes their identity be revealed to the BLS Training Program." Renumbered paragraph (vi) to paragraph (iv).
71. **R9-25-310(C)(3)(e)** Replaced "investigated" with "audited" in the 2nd line and inserted "in the context of other responses by that class" after Department in the 2nd line.
72. **R9-25-401(B)(1)(e)** Deleted "A list of all faculty to include the following: name, contact telephone number, state of Arizona certification or licensure number and expiration date, agency or institution where employed or affiliated, summary, of teaching experience relating to emergency medicine, critical care or prehospital care that demonstrate compliance with the faculty qualifications listed in R9-25-406. Renumbered paragraphs (f) through (j) to (e) through (i).
73. **R9-25-401(C)(4)** Deleted "verbal or" after "receives" in line 3.
74. **R9-25-402(B)** Deleted "apply for a new certificate under the direction of a different medical director and training program director and course manager" after "shall" in the 5th line and added "request written authorization from the department. Requests may be approved if the following conditions are met:
 1. The training program is not currently operating under a corrective action plan.
 2. The training program has not violated any provisions of this Article within the previous 12 months.
 3. Submit written statements from the program medical director, the program director, and the course manager who will be responsible for the additional course, documenting specific details and demonstrating how each has sufficient time and resources to allocate to the proposed course, or courses, in addition to their responsibilities for current courses."
75. **R9-25-403(B)(3)** Deleted "Provide a minimum of 12 hours of didactic presentation, clinical or vehicular supervision, for each intermediate and paramedic course, and 4 hours of didactic presentation for each refresher course.", and renumbered paragraphs (4) through (5) to paragraphs (3) through (4).
76. **R9-25-404(B)(4)(h)** Deleted "A copy of all EMS field incident report forms completed by the student or preceptor and co-signed by the student and preceptor for all patient assessments, medical care, communications or treatments provided by the student.", and renumbered paragraphs (i) through (l) to paragraphs (h) through (k).
77. **R9-25-407(B)(4)(a)** Deleted "The questions shall be designed to allow each applicant time to fully answer each question without placing time constraints placed on any question." after "skills." in the 3rd line.
78. **R9-25-407(C)(2)(a)** Changed "15" to "sixty" after "exceed" in the sixth line.

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79. **R9-25-407(F)(1)** Added "minimum" after "the" in the 2nd line.
80. **R9-25-407(H)(3)** Added "following" after "utilizing the" in the 7th line, pluralized "blueprint" and deleted "as shown in Exhibit FF." Then added the blueprint as follows:
- "Intermediate:
- | | |
|---|--------------|
| Division 1 - Prehospital | 20 questions |
| Division 2 - Preparatory | 20 questions |
| Division 3 - Trauma | 40 questions |
| Division 4 - Medical | 40 questions |
| Division 5 - Obstetrics, Gynecology, Neonatal | 5 questions |
| Division 6 - Psychology | 15 questions |
- Paramedic and Intermediate to Paramedic:
- | | |
|---|--------------|
| Division 1 - Prehospital | 20 questions |
| Division 2 - Preparatory | 25 questions |
| Division 3 - Trauma | 20 questions |
| Division 4 - Medical | 40 questions |
| Division 4 - Cardiology | 30 questions |
| Division 5 - Obstetrics, Gynecology, Neonatal | 10 questions |
| Division 6 - Psychology | 5 questions |
81. **R9-25-408(B)** Replaced "EMS provider functioning in a patient care setting" with "agency providing patient for emergency medical patients for" after "with an" in the 1st line.
82. **R9-25-409(5)(a)(i)** Deleted "Unexcused absences from didactic, clinical or vehicular rotation shall render the student ineligible to complete the course.", and renumbered paragraphs (ii) through (v) to paragraphs (i) through (iv).
83. **R9-25-409(5)(a)(i)** Deleted "excused" from the beginning of the 1st line.
84. **R9-25-409(5)(a)(ii)** Deleted "excused" from the beginning of the 1st line.
85. **R9-25-409(5)(a)(iii)** Deleted "excused" after "vehicular" in the 1st line and deleted "excused" after "vehicular" in the sixth line.
86. **R9-25-409(iv)** Deleted "excused" after "If the" in the 7th line.
87. **R9-25-410(C)(2)** Deleted "State" after "Analysis of" in the 1st line.
88. **R9-25-410(C)(3)(a)(iv)** Deleted "The name and contact phone number of the survey respondent."
89. **R9-25-410(C)(3)(a)(v)** Deleted "A statement that the survey respondent shall remain anonymous unless the respondent authorized their identity be revealed to the ALS Training Program, and," and renumbered paragraph (vi) to paragraph (iv).
90. **R9-25-410(C)(3)(d)** Changed "investigated" to "audited" after "shall be" in the 2nd line and added "in the context of other responses by that class" after "the Department" in the 2nd line.
91. **R9-25-501(A)(1)(c)** Added "that" after "verify" in the 1st line, and replace "the applicant" with "he" in the 1st line.
92. **R9-25-501(A)(1)(d)** Added "that he is not addicted to the use of alcohol and" after "verify" in the 1st line. Deleted "the applicant" after "6 months" in the 2nd line. Changed "used" to "consumed" after "has not" in the 3rd line. Added "at work or while attending class at school" after "alcohol" in the 3rd line. Deleted "to an extent that the use impairs the skill or ability to safely conduct the job requirements"
93. **R9-25-501(B)** Deleted "Within 90 days prior to applying," after "Requirements." in the 1st line. Added "submit a signed statement on a form provided by the department and shown in Exhibit T verifying that he possesses" after "shall" in the 1st line. Deleted "undergo a physical examination, at the applicant's expense, that evaluates the applicant's health status and". Added "the" after "perform" in the 4th line. Added "and health status" after "abilities" at the end of the 3rd line. Deleted "provided by the Department as shown in Exhibit Y. A physician licensed under the provisions of Title 32, Chapter 13 or 17, physician assistants, or a nurse practitioner licensed in Arizona shall conduct the examination, complete, and sign the physical examination form. The applicant shall submit the completed physical examination form to

the Department with the application for certification."

94. **R9-25-501(C)** Replaced "and notarized" with "as shown in exhibit U" after "Department" in the 2nd line.
95. **R9-25-501(C)(2)** Replaced "four" with "2" after "last".
96. **R9-25-501(C)(13)** Added "Theft" and renumbered paragraphs (13) through (20) to paragraphs (14) through (21).
97. **R9-25-501(C)(19)** Deleted "A felony or misdemeanor involving moral turpitude", and renumbered paragraph (21) to paragraph (20).
98. **R9-25-502(A)(2)** Changed "four" to "2".
99. **R9-25-502(A)(13)** Added "Theft" and renumbered paragraphs (13) through (20) to paragraphs (14) through (21).
100. **R9-25-502(A)(19)** Deleted "A felony or misdemeanor involving moral turpitude", and renumbered paragraph (21) to paragraph (20).
101. **R9-25-506(A)(4)** Changed "1997" to "1998".
102. **R9-25-507(D)** Deleted "Accommodations on the written examination shall be considered by the Medical Director for those applicants who meet the minimum standards for performance as determined by analysis of the requirements of the job analysis for EMT-Basic." and added "Accommodations for 150 percent of the normally allotted time to complete the written examination shall be granted by the Medical Director to applicants who have obtained testing accommodations from the National Registry of Emergency Medical Technicians and have complied with this rule."
103. **R9-25-508(D)** Deleted "A certified EMT-Basic shall be authorized to perform semi-automatic/automatic defibrillation after having successfully completed semi-automatic/automatic defibrillation training by a certified BLS Training Program or ALS Base Hospital that meets the requirements described in the Arizona BLS Curriculum, 1994, as shown in Exhibit N." and added "Accommodations for 150 percent of the normally allotted time to complete the written examination shall be granted by the Medical Director to applicants who have obtained testing accommodations from the National Registry of Emergency Medical Technicians and have complied with this rule."
104. **R9-25-510(E)** Changed "1997" to "1998".
105. **R9-25-510(F)** Added "An applicant who has not applied for recertification by the expiration date of his certificate, and applied within the 2-year period following that expiration date, may regain certification by successfully completing the examinations required in R9-25-504 after meeting the requirements set forth in Sections A.1. through A.4. of this rule."
106. **R9-25-510(G)** Added "An applicant whose certificate has been expired for over 2 years must meet all of the requirements for initial certification as set forth in these rules."
107. **R9-25-514(1)** Added "documenting all patient care provided by the EMT-Basic" after "form" in the 1st line.
108. **R9-25-514(2)** Added "The form is signed by each EMT-Basic providing care." and renumbered paragraph (2) to paragraph (3).
109. **R9-25-514(3)** Deleted "The EMT-Basic shall insure that" from the beginning of the 1st line. Added "the prehospital provider, or the nurse or physician at" after "to" in the 2nd line. Added "accepting transfer of patient care, and" after "facility," in the 3rd line. Deleted "or" before "the EMT-Basic's" in the 4th line. Replaced "ALS Base Hospital" with "administrative medical direction." at the end of the paragraph.
110. **R9-25-601(A)(1)(c)** Added "that" after "verify" in the 1st line. Replaced "the applicant" with "he" in the 1st line.
111. **R9-25-601(A)(1)(d)** Replaced "within the last 6 months, the applicant has not used alcohol to an extent that the use impairs the skill or ability to safely conduct the job requirements" with "that he is not addicted to the use of alcohol and within the last 6 months has not consumed alcohol at work or while attending class at school."
112. **R9-25-601(B)** Deleted "Within 90 days prior to applying," following "Requirements." in the 1st line. Added "submit a signed statement on a form provided by the Department and shown in Exhibit T verifying that he possesses" after "shall" in the 1st line. Deleted "undergo a physical examination, at the applicant's expense, that evaluates the applicant's health status and", inserted "the" before "physical abilities" in the 3rd line, and added "and health status" after "physical abilities". Finally, deleted "provided by the Department as shown in Exhibit Y. A physician licensed under the provisions of Title 32, Chapter 13 or 17, physician assistants, or a nurse practitioner licensed in Arizona shall conduct the examination, complete, and sign the physical examination form. The applicant shall submit the completed physical examination form to the Department with the application for certification."
113. **R9-25-601(C)(13)** Added "Theft" and renumbered paragraphs (13) through 20, to (14) through (21).
114. **R9-25-601(C)(19)** Deleted "A felony or misdemeanor involving moral turpitude, or". Renumbered paragraph (21) to paragraph (20).
115. **R9-25-602(A)(2)** Changed "four" to "2".
116. **R9-25-602(A)(13)** Added "Theft" and renumbered paragraphs (13) through 20, to (14) through (21).

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117. **R9-25-602(A)(19)** Deleted "A felony or misdemeanor involving moral turpitude, or". Renumbered paragraph (21) to paragraph (20).
118. **R9-25-604(B)** Deleted "Applicants shall pass a written pharmacology examination administered or approved by the Department with a minimum score of 75%. The examination shall consist of multiple choice questions covering all objectives of the pharmacology module in the Arizona Advanced Life Support Curriculum, 1994, as shown in exhibit U.", and renumbered paragraphs (C) and (D) to paragraphs (B) and (C).
119. **R9-25-607(D)** Deleted "A certified EMT-Basic shall be authorized to perform semi-automatic/automatic defibrillation after having successfully completed semi-automatic/automatic defibrillation training by a certified BLS Training Program or ALS Base Hospital that meets the requirements described in the Arizona BLS Curriculum, 1994, as shown in Exhibit N." and added "Accommodations for 150 percent of the normally allotted time to complete the written examination shall be granted by the Medical Director to applicants who have obtained testing accommodations from the National Registry of Emergency Medical Technicians and have complied with this rule."
120. **R9-25-610(C)** Deleted "Complete 120 hours of vehicular experience or supervised clinical training in an emergency setting, or a combination of the 2, during each year of the certification period." Renumbered paragraphs (D) through (E) to (C) through (D).
121. **R9-25-611(C)** Deleted "Complete 80 hours of vehicular experience or supervised clinical training in an emergency setting, or a combination of the 2, during each year of the certification period." Renumbered paragraphs (D) through (E) to (C) through (D).
122. The exhibits were renumbered as follows:

Was	Is now
G	F
A	A
B	B
C	C
O	M
R	N
H	G
I	H
L	K
S	O
T	P
V	R
FF	DELETED
GG	W
CC	Y
DD	Z
EE	AA
D	D
E	E
K	J
M	L
N	I
U	Q
X	S
Y	T
Z	V

AA DELETED

BB X

U - ADDED

The following exhibits were changed: (exhibit designator refers to new designator)

123. **Exhibit H** "10" Stethoscopes changed to "3".

"2" Dual head training stethoscopes changed to "3"

"10" Blood pressure cuffs - adult sizes changed to "3"

"10" Blood pressure cuffs - child sizes changed to "3"

"2" Bag-valve-mask devices - adult size changed to "3"

"2" Bag-valve-mask devices - pediatric size changed to "3"

"50" Oxygen masks non-rebreather - adult changed to "6"

"50" Oxygen masks non-rebreather - child changed to "6"

"50" Nasal cannulas changed to "6"

"2" cervical collars changed to "3"

"2" sets of Mobile or portable transmitter/receivers... changed to "1"

"Poison kit" changed to "Bottle of activated charcoal"

"Electric (battery operated)" deleted from portable suction device.

"20" Rigid suction catheters changed to "3"

"20" Flexible suction catheters changed to "3"

"20" Oropharyngeal airways changed to "3"

"or AED training device" added after "Semi-Automatic Defibrillator"

124. **Exhibit Y** The physical examination for was deleted and replaced by the "physical verification form". The original form required a physician's examination, the new is a declarative signed by the applicant.

125. **Exhibit W** "control" replaced with "direction" after "medical" in the 2nd line of the paragraph.

126. **Exhibit U** This is an additional exhibit.

127. **Exhibit Q** ALS Curriculum.

The Intermediate course outline has the following changes:

Clinical

"Labor and Delivery" was changed to "Perinatal"

"Psychiatric" was changed to "Behavioral" and the minimum hours changed from "8" to "0" and "specific behavioral objectives must be met in other clinical and vehicular rotations" was added following the "0".

"Neonatal/Nursery Minimum Hours 8" was deleted

Vehicular

The definition for ALS call was re-written to read: "ALS call: a vehicular call in which an invasive technique is indicated and/or attempted, a patch is made for medical control and the patient is transported (note: a student need not accompany the patient to the hospital.) The prior definition read: "A vehicular call in which an invasive technique is indicated and attempted by the student, a patch is made for medical control by the student or preceptor and the patient is transported by the student and preceptor to the emergency department or patient care is appropriately transferred to the crew of a transporting ground of air ambulance."

The Intermediate to Paramedic course outline has the following changes:

Clinical

"Labor and Delivery Minimum Hours 0" was deleted.

"Psychiatric Minimum Hours 0" was deleted.

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Vehicular

The definition of ALS call was re-written to read: "ALS call: a vehicular call in which an invasive technique is indicated and/or attempted, a patch is made for medical control and the patient is transported (note: a student need not accompany the patient to the hospital.) The original definition read: "A vehicular call in which an invasive technique is indicated and attempted by the student, a patch is made for medical control by the student or preceptor and the patient is transported by the student and preceptor or patient care is appropriately transferred to either ground or air ambulance."

The Paramedic course outline has the following changes:

Clinical

Critical Care Minimum Hours changed from "40" to "24".

"Labor and Delivery" changed to "perinatal"

"Psychiatric" changed to "behavioral" and the minimum hours changed from "8" to "0". Also, "Specific behavioral objectives must be met in other clinical and vehicle rotations" was added after "0".

"Neonatal/Nursery Minimum Hours 8" was deleted.

Vehicular

The definition for an ALS call was changed to read: "ALS call: a vehicular call in which an invasive technique is indicated and/or attempted, a patch is made for medical control and the patient is transported (note: a student need not accompany the patient to the hospital.) The original definition read: "A vehicular call in which an invasive technique is indicated and attempted by the student, a patch is made for medical control by the student or preceptor and the patient is transported by the student and preceptor or patient care is appropriately transferred to either ground or air ambulance."

Division 1, Section 1, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this Section must be a Paramedic, ALS Base Hospital Coordinator, or ALS Base Hospital Medical Director." This was deleted.

Division 1, Section 2, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this Section must be a Paramedic, ALS Base Hospital Coordinator, or ALS Base Hospital Medical Director." This was deleted.

Division 1, Section 3, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this Section must be a Paramedic, ALS Base Hospital Coordinator, or ALS Base Hospital Medical Director; or an Attorney or Risk Manager with specific knowledge of Advanced Life Support Prehospital Care." This was deleted.

Division 1, Section 4, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this Section must be a Paramedic, ALS Base Hospital Coordinator, or ALS Base Hospital Medical Director; or a telecommunications expert with specific knowledge of Advanced Life Support Prehospital Care." This was deleted.

Division 1, Section 5, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this Section shall be a Paramedic or Basic EMT employed by a Fire Department, Ambulance Service, or Rescue Service OR with at least 20 documented extrications as the lead rescuer. This was re-written to state: "Lecturer qualifications: The lecturer for this Section shall be a person who has functioned in rescue situations providing extrication services.

Division 1, Section 6, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this Section must be a Paramedic or Basic EMT employed by a Fire Department, Ambulance Service, or Rescue Service and have at least of 2 documented Major Incident Responses in which the lecturer function as a member of the "command" structure.

Division 1, Section 7, in its original version, contained the following language: "Lecturer qualifications: Lecturer qualifications: The lecturer for this Section must be a member of an organized Critical Incident Stress Debriefing (CISD) team and have received a minimum of 16 hours of CISD training. Additionally, the lecturer shall have clinical experience in prehospital or emergency medicine.

Division 2, Section 1, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this Section be a Paramedic, Registered Nurse, or Physician.

Division 2, Section 2, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this Section be a Paramedic, Registered Nurse, or Physician.

Division 2, Section 3, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section be a Paramedic, ALS Base Hospital Coordinator, or ALS Base Hospital Medical Director, currently certified as an advanced cardiac life support instructor, BTLs-A, ATLS, and/or PHTLS instructor.

Division 2, Section 4, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section shall be a Paramedic, ALS Base Hospital Coordinator, or ALS Base Hospital Medical Director currently certified as a, BTLs-A, ATLS, and/or PHTLS instructor.

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Division 2, Section 5, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section shall be a physician, nurse, paramedic, or Pharm.D.

Division 2, Section 6, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section shall be a physician, nurse, paramedic, or Pharm.D.

All of the above definitions of lecturer qualifications were replaced with the following statement added at the bottom of pages: 508, 511, and 514:

"Lecturer Qualifications: The Training Program Medical Director is responsible to assure that each lecturer is currently licensed or certified in Arizona (when applicable) and has the educational, clinical and field experience necessary to teach the objectives listed in each Section."

Item 4.2.76, on page 596, "special skills" was deleted following "Basic EMT" on the 2nd line.

128. Exhibit P "10" Stethoscopes changed to "3".

"2" Dual head training stethoscopes changed to "3"

"10" Blood pressure cuffs - adult sizes changed to "3"

"10" Blood pressure cuffs - child sizes changed to "3"

"2" Bag-valve-mask devices - adult size changed to "3"

"2" Bag-valve-mask devices - pediatric size changed to "3"

"50" Oxygen masks non-rebreather - adult changed to "6"

"50" Oxygen masks non-rebreather - child changed to "6"

"50" Nasal cannulas changed to "6"

"2" cervical collars changed to "3"

"2" sets of Mobile or portable transmitter/receivers... changed to "1"

"Poison kit" changed to "Bottle of activated charcoal"

"Electric (battery operated)" deleted from portable suction device.

"20" Rigid suction catheters changed to "3"

"20" Flexible suction catheters changed to "3"

"20" Oropharyngeal airways changed to "3"

"or AED training device" added after "Semi-Automatic Defibrillator"

"Or Lactated Ringers" added after "Normal Saline"

"10 Bags IV Fluids - Lactated Ringers" deleted.

"10" IV Tourniquets changed to "3"

"10" Scalpels changed to "3"

129. Exhibit D ALS Refresher and Challenge Curricula.

Division 1, Section 1, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section must be a Paramedic, ALS Base Hospital Coordinator, or ALS Base Hospital Medical Director." This was deleted.

Division 1, Section 2, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section must be a Paramedic, ALS Base Hospital Coordinator, or ALS Base Hospital Medical Director." This was deleted.

Division 1, Section 3, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section must be a Paramedic, ALS Base Hospital Coordinator, or ALS Base Hospital Medical Director; or an Attorney or Risk Manager with specific knowledge of Advanced Life Support Prehospital Care." This was deleted.

Division 1, Section 4, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section must be a Paramedic, ALS Base Hospital Coordinator, or ALS Base Hospital Medical Director; or a telecommunications expert with specific knowledge of Advanced Life Support Prehospital Care." This was deleted.

Division 1, Section 5, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section shall be a Paramedic or Basic EMT employed by a Fire Department, Ambulance Service, or Rescue Service OR with at least 20 documented extrications as the lead rescuer. This was re-written to state: "Lecturer qualifica-

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tions: The lecturer for this section shall be a person who has functioned in rescue situations providing extrication services.

Division 1, Section 6, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section must be a Paramedic or Basic EMT employed by a Fire Department, Ambulance Service, or Rescue Service and have at least of 2 documented Major Incident Responses in which the lecturer function as a member of the "command" structure.

Division 1, Section 7, in its original version, contained the following language: "Lecturer qualifications: Lecturer qualifications: The lecturer for this section must be a member of an organized Critical Incident Stress Debriefing (CISD) team and have received a minimum of 16 hours of CISD training. Additionally, the lecturer shall have clinical experience in prehospital or emergency medicine.

Division 2, Section 1, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section be a Paramedic, Registered Nurse, or Physician.

Division 2, Section 2, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section be a Paramedic, Registered Nurse, or Physician.

Division 2, Section 3, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section be a Paramedic, ALS Base Hospital Coordinator, or ALS Base Hospital Medical Director, currently certified as an advanced cardiac life support instructor, BTLS-A, ATLS, and/or PHTLS instructor.

Division 2, Section 4, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section shall be a Paramedic, ALS Base Hospital Coordinator, or ALS Base Hospital Medical Director currently certified as a, BTLS-A, ATLS, and/or PHTLS instructor.

Division 2, Section 5, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section shall be a physician, nurse, paramedic, or Pharm.D.

Division 2, Section 6, in its original version, contained the following language: "Lecturer qualifications: The lecturer for this section shall be a physician, nurse, paramedic, or Pharm.D.

All of the above definitions of lecturer qualifications were replaced with the following statement which was added at the bottom of pages: 294, 297, 299, and 301. "Lecturer Qualifications: The Training Program Medical Director is responsible to assure that each lecturer is currently licensed or certified in Arizona (when applicable) and has the educational, clinical and field experience necessary to teach the objectives listed in each section."

10. **A summary of the principal comments the agency response to them:**

A. General Comments

The Bureau of EMS received 124 written comments from the opening to the closing of the comment period on February 16, 1996. During public meetings held in Phoenix, Tucson, and Flagstaff, a total of 38 individuals presented oral testimony.

Comments on Article Two (Advanced Life Support

Base Hospital Certification:

The Department received seven comments within Article Two regarding the deletion of the FICN Nurse. Comments stated that the training was valuable and would assist in management of the base hospital.

RESPONSE: The Department concurs regarding the value of the FICN curriculum. However, that curriculum is owned by St. Joseph's Hospital in Phoenix, and as of the time of submission of these rules, the Department had been unable to secure release of the program by the hospital. The Department hopes to secure permission from St. Joseph's to use the program in a future rules amendment.

The Department received 13 different comments about the lack of value, loss of time and medicolegal liability of requiring physicians and other licensed clinical staff to participate in 24 hours of vehicular time every 2 years.

RESPONSE: The Department concurred with the comments and deleted that requirement, providing multiple options in the proposed rules relating to continuing education requirements for licensed clinicians.

The Department received 8 comments suggesting that review by the local regional council should be mandatory "shall" as opposed to optional "may".

RESPONSE: The Department did not concur with this recommendation as it feels such a mandate is outside the statutory authority of the regional EMS councils.

Comments on Article Three (BLS Training Program Certification):

Thirty-three comments were received recommending the deletion of the requirement for a BLS Training Program Medical Director. The basis for the argument lies in cost and acquisition of a physician willing to serve in that capacity.

RESPONSE: While understanding the breadth of concern regarding this issue, the presence of a BLS training program medical director is essential if the Department is to establish its training program as meeting the National Standard Curriculum. If the med-

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ical director requirement is deleted and the state cannot meet that minimum standard, it ceases to become eligible for use of the National Registry for testing EMTs for initial certification. This places the Department at risk of violation of A.R.S. § 36-2204(A)(2) which requires: "a standardized *and validated* testing procedure for all classifications of emergency medical technicians. (italics added). With the advent of a new Basic EMT curriculum, the Department would be required to develop and validate a completely new test for initial certification, a process that could cost over \$100,000. Further, as Arizona would not be in compliance with the national standard curriculum, Arizona EMTs desiring to relocate to other states or jurisdictions would face substantially increased difficulty obtaining reciprocal certification based on the Arizona standard. In consideration of the substantial legal, financial and system implications of deletion of the BLS training program medical director, the Department has decided it does not concur with the recommendations, and the requirement is retained.

Twenty-one individuals recommended increasing the number of days to turn in reports of completed programs, from 10 working days to 30 days.

RESPONSE:Based on current submission of class completion documentation, the Department does not feel that 30 days is necessary. Further, extension of the time for submission of the documentation delays examinations for the consumers (students). The Department did not concur with the recommendation.

Thirty-one respondents recommended that Basic EMTs with appropriate experience should be permitted to be BLS Training Program coordinators. Respondents argued that in rural areas, acquisition of ALS personnel to serve as coordinators was difficult and there was not documentation that Basic EMTs could not do the job.

RESPONSE:The Department concurs, and Basic EMTs were included in the altered rule.

Fourteen individuals expressed concern about the requirement for a 9th grade reading level and requirements to demonstrate competency at that level using nationally validated tests.

RESPONSE:The Department does not believe that graduation or completion of specific grades is a guarantor of a specified reading level. The current texts in emergency medical care, as well as the nationally validated tests, are established at approximately the level of 9th grade reading. Students who cannot read at that level for the instructor to spend disproportionate time assisting the student, thus detracting from the quality of instruction for the rest of the class. Consequently, the requirement was retained.

Comments on Article Four (Certification of

ALS Training Programs):

Fourteen individuals commented the necessity of no lapse in continuity of medical directors. Most commenters felt a 30-day lapse would not effect the integrity of the program.

RESPONSE:BEMS disagreed, as the students cannot perform invasive procedures or provide treatment in vehicular settings if they are not operating under the license of the medical director. Were a problem to occur during the period without a medical director, the liability to the training program, the student and the Department would be substantial. Consequently, training cannot occur in the absence of a medical director.

Eleven respondents recommended increasing the number of hours of shared didactic time to 60 hours, as it improves efficiency and saves money.

RESPONSE:BEMS agrees and the change was made.

Seven respondents commented that current certification should not be required for ALS training program instructors, as some expired/lapsed individuals could be valuable instructors.

RESPONSE:BEMS agrees that many former EMTs have valuable knowledge. The new curriculum does not require certification or licensure in all areas of instruction. If a formerly certified individual has competence in such an area, he may instruct. However, if certification/licensure is required, BEMS believes currency is an indication that the person teaching is up-to-date on techniques and information and therefore current certification should be required in those areas.

Comments on Article Five (BLS Certification):

Nearly every oral comment received and over 20 written comments mentioned the significant number of problems associated with the imposition of a physical examination as part of the initial and recertification process. The problems areas pointed out were cost, ability to accurately measure the physical abilities without a background in occupational medicine, the ability to measure psychological capability short of a comprehensive examination, the medicolegal liability of the physician providing the examination and confidentiality issues of the applicant.

RESPONSE:The Department agreed and removed the physical exam requirement from both Article Five and Article Six for initial and recertification. In its place will be a statement signed by the applicant to the effect that he understands the requirements based on a new exhibit (see index). The training program will also have some responsibility to assure to the Department that the applicant physically performed the psychomotor objectives on the practical skills examination.

Twelve respondents felt that notarization of application documents was an unnecessary burden in time and cost that added nothing to the validity of the application.

RESPONSE:The Department agreed and dropped the requirement for notarization.

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Eleven respondents recommended a reentry mechanism for lapsed EMTs, arguing that to require individuals with substantial experience to begin anew was a waste of time and knowledge.

RESPONSE: The Department agreed and established a reentry process.

Comments on Article Six (Advance Life Support Certification):

The same individuals who recommended deletion of the physical exam for Basic EMTs also recommended deletion for ALS providers.

RESPONSE: As noted, the Department deleted the physical exam requirement

Nineteen individuals recommended deletion of the vehicular time requirement, with substitution of clinical time or other options.

RESPONSE: The Department deleted the requirement for vehicular time.

Eighteen respondents recommended a reentry mechanism for lapsed ALS certificate holders, for the same reasons as identified in Article Five.

RESPONSE: The Department established a reentry mechanism for individuals whose ALS certificates have lapsed.

Seven individuals recommended inclusion of language that establishes 1st care forms as patient care records and protects them from public release.

RESPONSE: Such a request is outside the statutory authority of the Department. Consequently, the Department does not concur with the recommendation.

B. Issues Raised by the Public During the Rule Making Process

CRISS

Continue to look at economic cost as we go through the packet. The Department does believe that through the substantial public input all possibility for flexibility has been granted.

BAILEY

Continue to look at regulation and its impact throughout the system. The Department does believe that through the substantial public input all possibility for flexibility has been granted.

LARSON, DENSON, HUBBARD, RIVERA, SCHAFER, MADRID, LITTLE, MARLAR, MCKINNEY, DAGLEY
Believe flexibility for medical direction already exists and will monitor throughout the rule packet.

LARSON, DENSON, HUBBARD, RIVERA, SCHAFER, MADRID

We will look at retraining, however, at this time, the rules are based on the NEW EMT-B curriculum which is significantly different in content and scope of practice. Therefore, the Department believes that all need to complete full training program, not just a refresher or competency based evaluation. We understand there is a cost connected with this and will provide specific comments regarding that in those sections. As far as grace periods, the Dept. will provide comment in the specific rule area.

LARSON, DENSON, HUBBARD, RIVERA, SCHAFER, MADRID, HAUK

Vehicular Time Requirement will be evaluated including economic cost and requirements at the specific rule site.

SHEELEY

We will evaluate the economic impact regarding the didactic size of the class at the specific rule site.

SCHAFER

Comment refer to provider grant program which is not provided under these rules and is established separately.

GLICKMAN-WILLIAMS, MARLAR, HAMPTON, WEBB, MADRID, MORGAN

Reading requirement vs. high school diploma/GED will be commented on at the specific rule site.

HENN

Subsequent rules packages need to reflect review and approval by appropriate statutory entities. The Department has already established a responsible party for this endeavor and it is planned to have a standing rules committee on EMS Council prior to these rules being formally adopted. This should ensure that Mr. Henn's concerns are answered.

HAUK

Will evaluate the vehicle and clinical hours at the specific rule site and will evaluate the economic impact on volunteers at the specific rule site.

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MARLAR, HAMPTON, WEBB, MADRID

Tox-Medic has been approved as a separate protocol by Medical Direction Commission. Therefore, a formal rules packet is not required at this time.

LITTLE

Will address EMTs as instructors under the specific rule site.

LEBRECHT

Class locations are the province of the community colleges and training programs and is a subject of negotiation between the local community and local community college. There are already training programs that are willing to go to these areas. Will evaluate physical exam requirement when we get to the specific rule site.

WHITE

Will address medical directors for EMT training programs at the specific rule site.

This statement regarding didactic curriculum does not appear to be correct as we are utilizing the new EMT-B curriculum. We will evaluate this at the specific rule site.

HUIZENGA

Exhibits were made available at the Flagstaff Regional BEMS office at a distance of less than 20 miles from Pinewood. The cost to replicate all exhibits for each person wishing to review them was prohibitive to the Dept. Comments on contact hours and airway hours will be addressed at the specific rules citation.

Will evaluate and discuss contact hours at the specific rule site.

MCELHINEY

Eight public meetings at 4 different locations through the State were held in addition to newsletter articles and discussion at every council and committee meeting held by the BEMS office. They have regional representation on all of these committees. We held 8 times the amount of public hearings required by administrative law. EMS coordinators are not addressed in the rule package. It is an administrative issue, not a rules issue.

GUNN, ANDERSON

Will address at the base hospital rule Section.

MARLAR

Field incident command nurse is a propriety curriculum owned by St. Joseph's Hospital. We requested release from copyright from them, but have not received such, therefore cannot be included in the rule package. Instructors will be addressed at the specific rule site. Word change will be made as suggested - will do WORD SEARCH and change "biannual" to "certification and renewal for a 2-year period."

LEWIS

Economic impact of the exhibits will be evaluated at the exhibit site.

Exhibits availability to the public was located less than 10 miles from Dr. Lewis -- BEMS office in Phoenix. Again, reproducing all the exhibits would have been prohibitive to the Dept. Tox Medic is a protocol established by Medical Direction Commission, therefore, not requiring formal rulemaking procedure.

The issue regarding use of EMTs at all levels in institutions is currently under litigation and beyond comment at this time in the rule packet.

HAMPTON

The Emergency rule initially proposed and subsequently withdrawn by the Department is not addressed in this rule packet. We have addressed the availability of exhibits in previous comments. Exhibits for this entity were available at the Flagstaff and Phoenix BEMS office. The curriculum will be addressed at the specific rule site and it is incorrect that those developing the curriculum did not have appropriate credentials. The Medical Director is ultimately responsible for certification and holds the appropriate credentials required by statute. All of the ALS curriculum comes from National Curricula and all changes to such were developed in conjunction with the EMS education community. Grace periods will be evaluated at the appropriate rule site. The Department feels that the new curriculum did go through the EMS Council as they approved the final rule packet prior to its distribution.

WOJAK

We have a system to address changes as health care changes. The Medical Direction Commission is empowered to make changes

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without going through the formal rule making process. Personnel issues are established by the Dept. of Administration and not part of this rule packet for comment. The Department does not feel that requiring instructors to provide their instructor evaluation forms is a privacy issue. It is part of quality management and as such, the evaluations are the property of the Department. We do not require that they open up their evaluations to us, but the Department conducts its own evaluations in its quality management program. The Department feels that if a community college accepts a certificate to run a program, it is part of the disclosure to students that the BEMS requires their grade for certification purposes. The Department does not regulate nurses and has worked with the Board of Nursing to help them develop their Advisory Opinion on prehospital nurses. Coordinators will be evaluated for economic impact at the appropriate rule site.

MCLAUGHLIN

These rules were written in a committee fashion utilizing multiple levels of expertise in the State with a cross-section representation of the EMS community. In addition, there is substantial public input on these rules which we are addressing at each individual rule site. Physical requirements will be addressed at the specific rule site. Vehicular time for physicians and nurse intermediaries will be addressed at the specific rule site.

We agree that these changes should be data based, however, it is not available at this time in any system which we are familiar. We hope to have such data available in the future.

MCKINNEY

Prehospital coordinators and their responsibilities will be addressed including economic impact at the appropriate rule site.

WEBB

Physical exam requirements will be addressed at the appropriate rule site.

Certification and recertification economic impact will be addressed at the specific rule site. Multimedia and CEU's will be addressed in the rules as a new addition. Vehicle hours will be addressed at the specific rule site. The rules are not in place or signed to do such outsource testing. This is a separate rule packet which will be formalized in the near future. Exhibits have been addressed in prior comments. Use of EMTs at all levels in health care institutions is currently under litigation and no comment will be made in this rule packet regarding this. FICN has been addressed in prior comments and as noted is a copyright issue and will not be included in this rule packet. CQI will be addressed in the specific rule site. BTLS responded to in Exhibits and the specific rule site. The rules were formulated in a committee fashion involving rural EMS providers at all levels with substantial public input.

SPAITE

His general comments regarding the rural areas have been addressed in comments from SAEMS base hospital coordinators and will be addressed at specific rule sites when appropriate.

DAGLEY

Alternative credentialing will be discussed at the appropriate rule site.

The Emergency rule initially proposed and subsequently withdrawn by the Department is not addressed in this rule packet. Exhibits have been addressed in prior comments. Use of prehospital personnel in health care institutions has been addressed in prior comments and is under litigation. The rest of his comments are "same as SAEMS Base Hospital Coordinators" and will be addressed in their comments. Biannual word change has been addressed in Greg Marlar's comments. Timelines for applications will be addressed at the specific rule site. Rules are to regulate the public, not the Department. However, general policies have been developed at the Bureau of EMS and are available to the public regarding our administrative process. Dual certification will be addressed as a new addition to the rules.

R9-13-409 should not be labeled as there is no subsection (B). Yes, the curriculum does outline this but will be addressed at the specific rule site. We are already allowing the training programs to administer the pharmacy exam once they utilize the blueprint the EMS Council approved. However, BEMS feel that this requirement for a separate pharmacology exam should be deleted and we have done so in this packet due to the comprehensive exam administered by the training programs covering this issue. Exhibits have been addressed in prior comments.

MORGAN

ADA recommendations will be addressed under the specific rule. The requirement is have a formal setting, not necessarily 30 hours successively.

DEWITT

Audiovisual CEU's will be addressed as a new addition.

SCHAFER

Rural areas and volunteers are addressed throughout the rule packet and economic impacts. This rule packet was developed by EMS community and the EMS Council which includes rural providers and has addressed in prior comments. Wanda Larson's comments as referenced have been addressed in each specific area. Regional EMS councils have no statutory ability to write rules.

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They can and do write regional protocols and guidelines. The rules do not take this ability away. Alternate credentials will be addressed at the specific rule site. BEMS does not currently regulate First Responders and already the rules reflect the adoption of the new DOT curriculum.

MADRID

Issues regarding the training programs are addressed under the training programs specific rule site. "Dual certification" issue will be addressed as a new addition. Drug screening will be addressed under the specific rule site. The Emergency Rule initially proposed and subsequently withdrawn by the Department is not addressed in this rule packet. Exhibits have been addressed in prior comments and will be addressed during exhibits. Application timelines will be addressed at the specific rule site and again, rules are not to regulate the Department. There are department policies which address the department's application process and are available to the public.

QM issues will be addressed at the specific rule site. Areas related to 513, 409, 307, 306, 407, 505, 601, 301, 401, 405, 206, 615, 514, and 101 will be addressed at the specific rule sites. Biannual has been addressed in Greg Marlar's comments and will be changed.

HUBBARD, DENSON

Economic impact of these rules regarding the rural areas will be addressed and as previously commented, the rules packet had a great deal of public input.

HULLAND

BLS training programs will be addressed at the specific rule site. Physical exam will be addressed at the specific rule site. Re-entry will be addressed at the specific rule site. We agree that changes ideally should come from outcomes to the system, that data currently is not available. Exhibits have been previously commented on.

MARSTON

The Dept. notes the comments of Dr. Marston and is responding to specific comments in other comment documents.

KINSEY

Again, changes to EMS systems are available through the Medical Direction Commission and further rule packets. In addition, his general comments regarding economic impact and rural systems will be addressed throughout this document. As described by GRRC, these comments by the Dept. will be made available per GRRC guidelines, after it is submitted.

CRISS

All of these comments are addressed under each specific rule site.

LARSON

The Emergency rule on testing initially proposed and subsequently withdrawn by the Department is not addressed in this rule packet. All of the rest of the comments are addressed under the specific rule site.

SHEELEY

Economic impact on rural areas has already been addressed and will be addressed at each specific rule site. It is the opinion of the Department that elimination of an application packet is detrimental to public health and safety because it effectively eliminates certification. Performance based recertification system is already in place in the rule packet. Requirements regarding training programs is addressed at the specific rule site.

ARTICLE 1

MARC DENSON, JOANN HUBBARD, DAVID MADRID, EILEEN RIVERA, GENE SCHAFER

Personal relationship is already defined in 101(43).

PAT HENSLEY, EMERGENCY MEDICAL EDUCATION SERVICES, ST. JOSEPH'S HOSPITAL AND GLENDALE COMMUNITY COLLEGE

We agree that the State Certification exam is the National Registry Exam and this can be corrected by eliminating the word State from R9-13-410.C.2. which we have done.

KAY LEWIS - PHOENIX COLLEGE

Patient encounter form and 1st care form has already been addressed in Statute and we cannot preempt statutory requirements. We agree that thoracostomy is not taught in ACLS provider courses (it is in the required training for a medic) and will delete that word from the definition. 101(6). Audiovisual and multimedia will be addressed as a new addition, and will need the appropriate defini-

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tions added as a new addition. Continuing Education is already defined with greater specificity by category.

CHERYL HAMPTON, LIFELINE

We have accepted the recommendation of the Education Committee of the EMS Council and included a post-training assessment for all levels of training. R9-25-101(19)

We agree that the word employed is excessively restrictive and have changed the wording to "a vehicular preceptor means a person acting as an agent of" R9-25-101(54). We agree that vehicular ride-along experience is for the benefit of the rider (as it does not refer to clinical ride-alongs which are defined as vehicular rotations) and therefore will change the word evaluate to observe. R9-25-101(56).

JOHN GALLAGHER, MD, PHOENIX FIRE AND BASE HOSPITAL MEDICAL DIRECTOR

Off-line medical direction will be addressed as a new addition under off-line medical direction and predetermined medical direction as new addition. We agree that this needs to be addressed due to the above new additions and will change the rule to "off-line medical direction or predetermined medical direction". R9-25-101(18). We agree that physician's assistants and nurse practitioners who attend the base hospital medical director orientation and are approved by the base hospital may be a medical direction authority therefore we will change the definition to: "...or, a physician assistant or nurse practitioner approved by the base hospital medical director and who has attended the base hospital physician orientation." We will delete FICN due to the fact that it is not in this rule packet. R9-25-101(39). Standing orders does not need to be changed as this will be addressed under predetermined medical control and off-line medical direction as new addition. This will include development of the protocols by the regional councils, training of medics, agreement with the base hospital, notification to receiving hospital of impending arrival and quality assurance. R9-25-101(46).

JULIE MCKINNEY, AZ BASE HOSPITAL MEDICAL COORDINATOR

We feel that her consistency is addressed due to the fact that all of these terms are defined in the definitions and many areas require certain subsets be identified as we have done in this rule packet. There is a definition for "prehospital provider" which addresses the concern regarding others under administrative medical direction therefore we will change to "prehospital provider" R9-25-101(3). Prehospital nurse needs a definition as a new addition.

Base hospital medical director is defined with more specificity in R9-25-207 therefore no definition is required. ACLS provider is defined appropriately to address the care for a patient requiring these skills. We agree that there is many more aspects to ACLS, however we are not requiring an AHA ACLS course. We cannot refer just to American Heart Association as the only source for ACLS provider education. We agree that the ACLS instructors must have a current card to be an instructor. Therefore we will change the definition to "...and holds a current instructor card." In addition, we feel that since National Registry requires an ACLS card to be certified and we are utilizing National Registry as our certification test, this must be included in R9-25-601(1)(F) (new addition) as all applications and associated documents required by the National Registry directly to the National Registry. In addition, we will add the requirement to the Paramedic Training Curriculum. Exhibit D and U (Division 4 Section 2) Cardiovascular section, add ", must include an AHA approved ACLS course." This will be done under new addition. Under definitions, we do not regulate nursing, therefore additions defining nursing personnel would be inappropriate. There is statute which addresses prehospital nursing under regulation of the AZ Board of Nursing. R9-25-101(9). We agree that the BCLS instructors must have a current card to be an instructor. Therefore we will change the definition to "...and holds a current instructor card." In addition, we feel that since National Registry requires a BCLS card to be certified and we are utilizing National Registry as our certification test, this must be included in R9-25-501(A)(1)(e) (new addition) as all applications and associated documents required by the National Registry directly to the National Registry. In addition, the requirement is already in the Exhibits. R9-25-101(11). We agree that as is the definition is restrictive and will change to eliminate the word basic. Emergency Medical Technician is defined in definitions as all levels of EMTs. R9-25-101(13). Advanced Life Support Medical Director does not need a definition as it is not utilized in the rule packet. Association of the Medical Director to a base hospital is not necessary and would be inappropriately restrictive.

Adding the words "a set" does not add meaning to the definition. R9-25-101(17).

In the context utilized in the rules, this only pertains to Basic Cardiac Life Support and Advanced Cardiac Life Support. R9-25-101(20). Utilizing medical and trauma may be restrictive, therefore we will change to "...assessment, treatment..." R9-25-101(25). As defined, this is restrictive and we will change to "...means patients received by a hospital from an EMS agency or patients on whom a field incident report form or 1st care form was initiated." R9-25-101(26). We agree to delete "or under investigation" since you are in good standing until a legal determination has been made. R9-25-101(34). Nurse intermediary is defined with more specificity in R9-25-210 and does not require a definition in this Section. R9-25-101(39). FICN has been addressed in prior comments. The intent is not to categorize paramedic skills, it does not refer in the rules to paramedics. It is in R9-25-208 and R9-25-209 and refers to base hospital managers and base hospital physicians. Therefore to eliminate confusion we agree to change the definition from "EMT-P" to "individual." R9-25-101(42).

This has already been corrected due to prior comments to reflect "acting as an agent of" rather than employed by. R9-25-101(54).

DON DEVENDORF, PRESCOTT FIRE DEPARTMENT

We agree that the word "and" should be changed to "or" because not all treatment modalities will be utilized on all patients. R9-25-101(4) That comment has been addressed in prior comments. R9-25-101(19). That comment has been fixed in prior comments

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(and under investigation was deleted) R9-25-101(34). FICN has been addressed in prior comments. Tox-Medic has been addressed in prior comments.

First responders are not part of this rules packet, therefore no definition is needed. FICN has been addressed in prior comments. R9-25-101(39). This has already been addressed in prior comments and fixed 101(54). This has already been addressed in prior comments and fixed 101(56).

LARAYNE NESS, YAVAPAI REGIONAL MEDICAL CENTER

This has been addressed in prior comments and fixed if appropriate R9-25-101(4), (19), (34), (54), (56), FICN, 1st responders and tox-medic. This has been addressed in prior comments (we do not regulate physicians and nurses). R9-25-101(9).

COLLIN DEWITT, PHOENIX FIRE

This must be an ACLS instructor as defined by American Heart Association, as testing through National Registry requires submission of an ACLS provider card. R9-25-101(5). This is addressed in the comment above. R9-25-101(6). This is addressed in a prior comment. R9-25-101(33).

JAY DAGLEY, COCHISE COUNTY SUBREGIONAL COUNCIL

This has been covered in prior comments R9-25-101(5) and (6). This has been covered in prior comments R9-25-101(33).

GLORIA GODLEY, YUMA REGIONAL MEDICAL CENTER

This definition is not appropriately placed in training and certification rules as we do not address air ambulance medical direction in this packet. It is addressed in the Air Ambulance rules packet getting ready to be formalized. R9-25-101(3). Addressed in prior comments and see above R9-25-101(39) and (54).

JUDITH BAILEY, HOME

This is addressed in prior comments R9-25-101(39), (18), (46) (new addition).
Recommendation exceeds the statutory authority of regional councils R9-25-101(51)

MARC DENSON, JOANNE HUBBARD, DAVID MADRID, EILEEN RIVERA, GENE SCHAFER

Addressed in prior comments R9-25-101(5) and (6) and pertaining to R9-25-101(33).

RICK SOUTHEY, BULLHEAD CITY FIRE DEPT.

Addressed in prior comments R9-25-101(54). Need a definition for verify under new addition. R9-25-101(57).

KATHY STELFOX, E-MED, INC.

This had been addressed in prior comments and we eliminated the word state.

JIM BROOME, BENSON AMBULANCE

This refers specifically to Basic Cardiac Life Support relating to American Heart Association and has been addressed in prior comments R9-25-101(10). There are no other eligible programs to our knowledge R9-25-101(11). By listing the components in this definition, we are able to avoid changing rules due to title changes by outside agencies. R9-25-101(12). We agree that transports do not always occur and will change to "...transportation if a transport occurs." R9-25-101(33). Although we agree that changes might occur, we feel we have adequately covered the personal relationships as they appear in this document. R9-25-101(43)

We agree that trauma patient management is not adequately covered in this definition and will change the definition to "...trauma patient assessment and treatment..." which would include Cervical spine immobilization. R9-25-101(50).

ARTICLE 2

GLORIA GODLEY, YUMA REGIONAL MEDICAL CENTER

Respondent asks if R9-25-201(G) must have both medical director and prehospital manager. The base hospital must have both a medical director and a prehospital manager therefore we will change "or" to "and". R9-25-201(G).

RICK SOUTHEY, BULLHEAD CITY FIRE DEPARTMENT

Respondent recommends grace period if identified staff leave suddenly because the positions have been clearly and specifically identified, we feel both positions are vital to base hospital operation. The hospital should provide for this contingency. R9-25-201(G).

WANDA LARSON, UNIVERSITY MEDICAL CENTER

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Respondent comments on R9-25-202(B) and R9-25-204. No specific comment clearly understood on tape. Unable to address this comment due to inadequate information R9-25-202(B) and R9-25-204.

DANI KOILE, AEMS

Respondent recommends change to mandatory authority in R9-25-202(B)(8). The change from "may" to "shall" would constitute an improper delegation of statutory authority to the regional councils. R9-25-202(B)(8).

CHERYL HAMPTON, LIFELINE

Respondent recommends adding FICN. This has been addressed in prior comments (FICN).

JULIE MCKINNEY, AZ BASE HOSPITAL COORDINATOR

Respondent recommends broader definition of "all medical direction authorities", inclusion of FICN, mandatory endorsement by regional councils, change R9-25-202(C)(1) to submission of application 60 days after application receipt, and set a time for correction of deficiencies. We agree that there are other medical direction authorities and have fixed that definition and will change this to "...all Medical Direction authorities..." R9-25-202(B)(5). FICN has been addressed in prior comments. This has been addressed in prior comments R9-25-202(B)(8). This is an incorrect statement on the responder's part. The rule says "prior" rather than "after". R9-25-202(C)(1). The rules do not regulate the Department. We have a process for this available to the public upon request. This has been discussed in prior comments - a regional council letter of endorsement is not required. R9-25-202(C)(2)(c). Until a final decision by the Director is made, if a timely and complete application has been made, the base hospital certification remains in force. We agree that a time period is relevant to this rule and will change to "...deficiencies within calendar days from notification of deficiency..." R9-25-202(D)(4).

JAY DAGLEY, COCHISE COUNTY SUBREGIONAL COUNCIL

Respondent recommends change to mandatory endorsement in R9-25-202(B)(8), establish and mandatory processing time. This was addressed in prior comments and regional council support is not required. R9-25-202(B)(8). Rules do not regulate the Department. There is a process available to the public on request. Covered in prior comments.

MARC DENSON, JOANN HUBBARD, DAVID MADRID, EILEEN RIVERA, GENE SCHAFER

Respondents recommend mandatory endorsement in R9-25-202(B)(8). Covered in prior comments - regional council support is not required. R9-25-202(B)(8).

KAY LEWIS, PHOENIX COLLEGE

Respondent recommends changes in Emergency Rules packet. The Emergency rule initially proposed and subsequently withdrawn by the Department is not addressed in this rule packet. Covered in prior comments.

JAY DAGLEY, COCHISE COUNTY SUBREGIONAL COUNCIL

Respondent recommends changes in Emergency rule packet. The Emergency rule initially proposed and subsequently withdrawn by the Department is not addressed in this rule packet. Covered in prior comments.

WANDA LARSON, UNIVERSITY MEDICAL CENTER

Respondent made comments regarding R9-25-204 that were unclear or too difficult to understand on tape. Unable to address this comment due to incomplete information.

MICHAEL WHITE, RURAL METRO AND YUMA CITY COUNCIL

Respondent comments in R9-25-204(C) on "cohesiveness of EMS system in each area." Not addressed in this rule site. R9-25-204(C).

GREG MARLAR, RURAL METRO

Respondent comments in R9-25-204(C) on cohesion of EMS regions. Not addressed in this rule site. R9-25-204(C).

KAY LEWIS, PHOENIX COLLEGE

Respondent comments on permissive skills within regional plans. Supports rule as written. R9-25-204(C). Not addressed in this rule site. R9-25-204.

JULIE MCKINNEY, AZ BASE HOSPITAL COORDINATOR

Respondent recommends 60 day submission in R9-25-204(B)(2), changes in effective date of employment in R9-25-204(B)(3) and deletion of health care administrator in R9-25-204(C). Time limit is defined as 30 days in the stem of the rule. R9-25-204(A). This would clarify the rule and therefore we will change from "employment" to "...date of appointment to that position. R9-25-204(B)(2). This would clarify the rule and therefore we will change from "employment" to "...date of appointment to that posi-

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tion." R9-25-204(B)(3). The base hospital certificate is issued in the health care administrator's name and therefore change to delete this would be inappropriate. R9-25-204(C).

JAY DAGLEY, COCHISE COUNTY SUBREGIONAL EMS COUNCIL

Respondent recommends position of SAEMS Base Coordinators regarding R9-25-204(C). Not addressed in this rule site. R9-25-204(C).

MARC DENSON, JOANN HUBBARD, DAVID MADRID, EILEEN RIVERA, GENE SCHAFER

Respondents recommend changes in R9-25-204(C) regarding base hospital supporting service agreements and permissive skills. Addressed in prior comments. R9-25-204(C). Comment is not addressed in rule of R9-25-204(C).

JULIE MCKINNEY, AZ BASE HOSPITAL COORDINATOR

Respondent recommends deletion of notice on transfer of ownership at least 60 days prior to change. Change is unnecessary as the Department's experience with ownership of healthcare institutions has shown that the new owner of the base hospital will have time to receive approval prior to the transfer. It is unlikely that a base hospital would be unaware of a potential and finalized change in ownership and act accordingly. R9-25-205(A). See comment #1. Change is unnecessary. R9-25-205(B).

WANDA LARSON, UNIVERSITY MEDICAL CENTER

Recommend change in R9-25-206(F) regarding attendance at orientation program. Agree that clarification is needed and will change to "...program within 30 days of appointment to that position and repeat the orientation program or complete a verified review of base hospital policies, procedures and protocols every 2 years thereafter." Delete rest of rule. R9-25-206(F)(2). See comment above. R9-25-206(F). Covered in prior comments -- under new additions. R9-25-206(C)(1).

JULIE MCKINNEY, AZ BASE HOSPITAL COORDINATOR

Respondent recommends change in R9-25-206(D)(2) regarding Continuous Quality Improvement program requirements, with reductions in number of runs reviewed. The prehospital patient encounters noted in the rule were selected due to their high risk to the base hospital, paramedical personnel and the medical director. The committee and BEMS agrees that CQI must be addressed individually by each base hospital which is explained in R9-25-206(2)(c). We cannot confirm that there are 1200 AMA's per 6 weeks in Mesa alone but this greatly exceeds the numbers reported in other areas. However, we do concur that each base hospital must address their own CQI needs and that this has an economic impact on the base hospital. The rule already states that they need a system to review the following categories of prehospital patient encounters and we will change:

- i. "Random review of 5% per month to a maximum 100 per month of all refusals to treat"

We feel that all code arrests and "do not resuscitate" cases need review and will not change that Section. This is not a majority of patients encountered in prehospital. In addition, we will delete:

- iv. "all emergency medical technician-defibrillator cases as they should have review in ii or iii above.

206.D.2.d.

WANDA LARSON, UNIVERSITY MEDICAL CENTER

Respondent recommended change in Emergency Rules packet in R9-25-206(D). The Emergency rule initially proposed and subsequently withdrawn by the Department is not addressed in this rule packet. Covered in prior comments.

JAY DAGLEY, COCHISE COUNTY SUBREGIONAL COUNCIL

Respondent "supported comments of SAEMS Coordinators." Covered in prior comments (SAEMS comments). Unable to specifically answer to incomplete information. R9-25-206(C)(1).

JOHN GALLAGHER, ST. LUKES MEDICAL CENTER AND PHOENIX FIRE

Respondent recommends change in R9-25-206(B) regarding protocol review, deleting yearly requirement, deletion of protocol for high risk patients, deletion of biennial requirement of orientation, and delineation of differences between on-line and administrative medical direction. BEMS feels that health care is changing rapidly and that protocols adopted frequently have been updated or changed in a years time. However, we do concur that a total review of the documents is unnecessary and would have an impact on the economic costs to the prehospital personnel and base hospital. We will change to:

"A yearly requirement that the.....review and document the review of all new or modified protocols on a yearly basis and also note any deleted protocols or procedures."

New additions in this area -- new c. "Documented review by all medical direction authorities and prehospital personnel shall be done every 2 years in concordance with the base hospital recertification. The medical director, prehospital manager," R9-25-206(D)(2)(b). BEMS agrees that the definition of high risk because of medical condition, site or complexity of injury is not clearly defined and is not required due to d. Therefore we will delete 206(D)(2)(c).

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We agree that this is restrictive and needs to be changed "...all newly appointed medical direction authorities....within 30 days of their appointment." Will add under new additions: "Assure that all medical direction authorities document and review all updated or modified protocols on a yearly basis." R9-25-206(F)(2) and (3).

MICHAEL WHITE, RURAL METRO AND YUMA CITY COUNCIL

Respondent recommends delineation in on-line and administrative medical direction. This is covered in prior comments and new additions - administrative vs. on-line vs. off-line. R9-25-206(C)(1).

GREG MARLAR, RURAL METRO

Respondent recommends deletion of biennial orientation requirement, clarification of difference between on-line and administrative medical direction, and discontinuance of mandatory EMT-D reporting. This has been covered in prior comments and corrected. R9-25-206(F)(2). This has been covered in prior comments and new additions. R9-25-206(C)(1). This has been covered in prior comments. The Emergency rule initially proposed and subsequently withdrawn by the Department is not addressed in this rule packet. R9-25-206.

KAY LEWIS, PHOENIX COLLEGE

Respondent recommends change in wording of 206(F)(2) regarding orientation program, deletion of reporting requirement in Emergency Rules Package and clarification of administrative and on-line medical direction. Agree that date of hire is irrelevant. Will change to "all medical direction authorities complete the base hospital orientation program within 30 days of being designated as a medical control authority." R9-25-206(F)(2). This is covered in prior comments. The Emergency rule initially proposed and subsequently withdrawn by the Department is not addressed in this rule packet.

This is covered in prior comments and new additions. R9-25-206(C)(1).

CHERYL HAMPTON, LIFELINE

Respondent recommends change in R9-25-206 referring to "transport vehicles." Agree that this limits non-transport vehicles from replacing supplies. Will change to "...for the contracted providing agency..." R9-25-206(C)(9).

JOHN GALLAGHER, ST. LUKES MEDICAL CENTER AND PHOENIX FIRE

Respondent recommends change in R9-25-206(H) regarding transport to another facility. Agree that the base hospital does not authorize transport to the receiving facility. Will change to: "...an incoming patient." R9-25-206(H).

JULIE MCKINNEY, AZ BASE HOSPITAL COORDINATOR

Respondent recommends inclusion of FICN in packet, and recommends deletion of time of orientation of new employees. Covered in prior comments. FICN is not part of this rules packet. BEMS does not concur that supporting service requirements being updated and reviewed yearly is too cumbersome. As health care rapidly changes, needs change, scope of practice issues and medical direction, this needs to be confirmed on a yearly basis. If no update is needed, a review and verification of the review should take minimal time. R9-25-206(C)(2). BEMS disagrees that this rule is inappropriate. Rules discuss the orientation of a medical direction authority and does not address orientation for hospital new hires.

DON DEVENDORF, PRESCOTT FIRE DEPARTMENT

Respondent recommends change regarding "transport vehicles," clarification of on-line and administrative medical direction and use of multi-media in continuing education. This has been covered in prior comments. R9-25-206(F)(2). This has been covered in prior comments and corrected. R9-25-206(C)(9). This has been covered in prior comments and new additions. R9-25-206. Multimedia will be addressed under new additions and will be included as continuing education option. R9-25-206.

LARAYNE NESS, YAVAPAI REGIONAL MEDICAL CENTER

Respondent recommends change in "Transport vehicles" and requirements in R9-25-206(D) for examinations. This has been covered in prior comments and corrected. R9-25-206(C)(9).

We do not agree that the exam for recertification should be under the control of the base hospital or medical director. If the base hospital medical director determines that the paramedic needs a recertification exam - it should be to the same level of competency that all paramedics are required to attain in this state. R9-25-206(D)(4).

COLLIN DEWITT, PHOENIX FIRE

Respondent recommends modification requirements for on-line and administrative medical direction, deletion of requirements for biennial orientation and deletion of requirements for "incoming patients" in R9-25-206(H). This has been covered in prior comments and new additions. R9-25-206(C)(1).

This has been covered in prior comments and corrected. R9-25-206(F)(2).

Agree that this may be confusing if using administrative medical direction -- will change to "notify a receiving facility of an

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incoming patient if notification has been made to the base hospital rather than the receiving facility." R9-25-206(H).

JAY DAGLEY, COCHISE COUNTY SUBREG. COUNCIL

Respondent takes "same position as SAEMS Base Hospital Coordinators." Covered in SAEMS comments and unable to fully answer due to inadequate information. R9-25-206(F)(2) and (H).

GLORIA GODLEY, YUMA REGIONAL MEDICAL CENTER

Respondent suggests that requirements in R9-25-206(C)(3) are redundant. BEMS is not asking for an addendum of paid and volunteers for the agency. We are asking for the name of each EMT assigned to the base hospital which needs to be updated regularly and available for review by the Dept. We will delete "unit number" as is reflective of the person assigned. R9-25-206(C)(3).

GENE SCHAFER, RIO RICO FIRE

Respondent recommends clarification on on-line and administrative medical direction and clarification of supporting service agreements. Covered in prior comments and new additions. R9-25-206(C)(1). Covered in prior comments. Regional Councils do not have this authority to approve base hospital protocols. Base hospitals may exceed/modify the regional protocols as long as minimum standards are met. R9-25-206.

MARC DENSON, JOANN HUBBARD, DAVID MADRID, EILEEN RIVERA, GENE SCHAFER

Respondents recommend clarification of on-line and administrative medical direction, deletion of EMT-D reporting from emergency rules, deletion of biennial orientation, alteration of R9-25-206(H) regarding incoming patients. Covered in prior comments and new additions. R9-25-206(C)(1). The Emergency rule initially proposed and subsequently withdrawn by the Department is not addressed in this rule packet. Covered in prior comments and corrected. R9-25-206(F)(2). Covered in prior comments and corrected. R9-25-206(H). Covered in prior comments and corrected. R9-25-206(F)(2).

RICK SOUTHEY, BULLHEAD CITY FIRE DISTRICT

Respondent recommends changing wording in R9-25-206(I) regarding education and training. Agree that better wording is available and will change to "... that may be offered over a 9-12 month time period." R9-25-206(I)(1). Agree that this may be confusing. Will change to "The courses shall follow the Department's requirements for each level of EMT as described in Article 5 & 6 for continuing education." R9-25-206(I)(2).

WANDA LARSON, UNIVERSITY MEDICAL CENTER

Respondent recommends separation of on-line and administrative medical direction. Covered in prior comments and new additions. R9-25-206(C)(1).

Do not agree that wording clarification is necessary. Although local minimum standards must be followed for triage and communications, each medical director may exceed or modify these standards as long as minimums are met (as determined by each regional council). R9-25-206(C)(1). The Department disagrees that requiring a verified statement indicating at least 24 clock hours teaching experience in prehospital medicine is a burdensome prerequisite. The base hospital should be utilizing all of its base hospital physicians in continuing education (is a requirement for base hospital physicians) and almost all emergency physicians have taught in prehospital medicine whether it was to paramedical personnel or emergency medicine personnel. This requirement should not impact the base hospital if there is a sudden loss of a medical director. We feel that the position is a critical function and should not be filled by a physician who does not have at least 24 hours of teaching experience. Note that there is no time frame as to when this teaching could have occurred. R9-25-207(A)(3).

JOHN GALLAGHER, ST. LUKES MEDICAL CENTER AND PHOENIX FIRE

Respondent recommends deletion of full reviews of policies and procedures. The Department concurs that a full review is not necessary. However, in this day of changing health care, protocols, standards and scope of practice feel that a yearly review of updated or changed material is required. Have addressed in prior comments for R9-25-206. Will change to "...updated or modified" in R9-25-207(B)(7)(a). Will change to "...maintain yearly written verification confirming review of updated or modified.." and add under new additions that an "entire review of" "...should be done every 2 years in conjunction with the base hospital recertification...." in R9-207(7)(a) and (b).

KAY LEWIS, PHOENIX COLLEGE

Respondent recommends 24 hours of EMT teaching be verified within 60 days, and modify R9-25-207(A) to recognize nursing credentials. Covered in prior comments. R9-25-207(A)(3).

JULIE MCKINNEY, BASE HOSPITAL COORDINATORS

Respondent recommends clarification on 24 clock hours of teaching. Covered in prior comments. R9-25-207(A)(3).

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JAY BAGLEY, COCHISE CO. SUBREGIONAL EMS COORDINATORS

Respondent "Supports SAEMS Base Hospital Coordinators position." Covered in prior comments and unable answer due to inadequate information. R9-25-207(A)(3).

GLORIA GODLEY, YUMA REGIONAL MEDICAL CENTER

Respondent recommends addition of sentence requiring collaboration between medical director and pre-hospital manager. Agree that this is in collaboration with pre-hospital manager -- will change to "Assure that the prehospital manager maintains..." in R9-25-207(B)(7).

MARC DENSON, JOANN HUBBARD, DAVID MADRID, EILEEN RIVERA, GENE SCHAFER

Respondents recommend 24 hours of teaching experience be verified within 60 days of appointment. Covered in prior comments. R9-25-207(A)(3).

WANDA LARSON, UNIVERSITY MEDICAL CENTER

Respondent recommends rewording Section to delete documentation of "knowledge" as that is not measurable. We agree that we are not testing for knowledge but checking for compliance, therefore we will change to "...compliance with..." R9-25-208(B)(9).

GREG MARLAR, RURAL METRO

Respondent recommends use of generic trauma patient management program. We agree that this would be supporting 1 program over another and there are multiple programs for nursing on trauma care and assessment. Therefore will change to "...trauma patient assessment and management..." R9-25-208(A)(2).

KAY LEWIS, PHOENIX COLLEGE

Respondent recommends term different from "knowledge", and use of alternate credentials. Covered in prior comments. R9-25-208(B)(9). Do not agree that this should be changed in R9-25-208. Covered in prior comments. Do not agree that changing to accommodate other credentialing bodies addresses the specific competencies covered in advanced cardiac life support, trauma patient management or pediatric advanced cardiac life support. See prior comments.

JULIE MCKINNEY, BASE HOSPITAL COORDINATORS

Respondent recommends relaxation of prehospital manager requirements due to difficulties in finding staff in rural areas with such credentials. Agree that this rule could be restrictive. Will change to "...completed advanced cardiac life support prior to appointment..." due to the fact that this is required for medical direction authorities. Will change "trauma patient assessment and management and pediatric advanced life support within 6 months of appointment..." R9-25-208(A)(2).

COLLIN DEWITT, PHOENIX FIRE

Respondent recommends modification of ACLS requirements and continuing education requirements. Covered in prior comments in R9-25-208(A)(2) and (B)(9).

JAY DAGLEY, COCHISE CO. SUBREG. EMS COUNCIL

Respondent stated "Support SAEMS position on this issue." Covered in SAEMS comments and cannot make specific comments due to inadequate information. R9-25-208(B)(9).

GLORIA GODLEY, YUMA REGIONAL MEDICAL CENTER

Respondent recommends increase in number of hours. Although BEMS recognizes her concern, we cannot dictate more than minimum standards for the EMS system and base hospitals. Increase of hours would substantially impact economic costs to the base hospital. BEMS feels that 1000 hours is an appropriate minimum standards. R9-25-208(B)(2).

MARC DENSON, JOANN HUBBARD, DAVID MADRID, EILEEN RIVERA, GENE SCHAFER

Respondents recommend alternate credentials to prove knowledge, and elimination of "knowledge" as ambiguous term. Covered in prior comments. R9-25-208(B)(1) or (A)(2) and R9-25-208(B)(9).

ROBERTO MURILLO, NAVAPACHE REGIONAL

Respondent recommends reduction/elimination of vehicular time. BEMS agrees that as the rule is written, that this is restrictive. The arguments presented by many physicians, nursing and ACEP are acceptable and we agree. Therefore, we will change to:

5a. is okay

5b. is okay

5c. will change to "...1 hour of participation equals 3 hours of continuing education."

5d. agree that other activities may be of benefit. Skills workshops are covered in 5c. "...Presentations meeting continuing education requirements for prehospital personnel or participation in development of requirements identified in 206 of this Article."

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This will also be changed for all medical direction authorities ride-along time. R9-25-209B)(5).

BARB GLICKMAN, CASA GRANDE

Respondent recommends reduction/elimination of vehicular time. Covered in prior comments. R9-25-209(B)(5).

MICHAEL WHITE, RURAL METRO

Respondent recommends reduction/elimination of vehicular time. Covered in prior comments. R9-25-209(B)(5).

CHRIS PRICE, MESA LUTHERAN

Respondent recommends reduction/elimination of vehicular time. Covered in prior comments. R9-25-209(B)(5).

Comments regarding liability are addressed by offering multiple options to comply with continuing education requirements for medical direction authorities.

SCOTT HARRIS, NORTHWEST HOSPITAL

Respondent recommends reduction/elimination of vehicular time. Covered in prior comments. R9-25-209(B)(5). Agree with comments regarding 1st year of employment, therefore will change R9-25-209(B)(4) to:

"...Complete 24 hours of requirements listed in R9-25-209(B)(5) within the 1st year of appointment and 12 hours must be within the 1st 3 months after appointment."

Due to options presented and accepted by ACEP and multiple other physicians and nurses, the 24 hour requirement can be met in a number of ways, and BEMS therefore does not feel that this is a burdensome requirement.

HERB MCREYNOLDS, ST. MARY'S

Respondent recommends reduction/elimination of vehicular time. Covered in prior comments - R9-25-209(B)(4) and (5).

GREG MARLAR, RURAL METRO; KAY LEWIS, PHOENIX COLLEGE; CHERYL HAMPTON, LIFELINE;
JOHN GALLAGHER, PHOENIX FIRE; JAMES MCLAUGHLIN, KINO HOSPITAL; ARIZONA ACEP BOARD OF DIRECTORS; JAY DAGLEY, COCHISE COUNTY; GENE SCHAFER, MARC DENSON; JOANN HUBBARD; DAVID MADRID; EILEEN RIVERA; WANDA LARSON, UNIVERSITY MEDICAL CENTER;
JUDITH AIKAWA, AIKAWA & AIKAWA; CHARLES GOLDSTEIN, EM-CARE; RICHARD JACKSON, EM-CARE;
Respondents recommend reduction/elimination of vehicular time. Covered in prior comments. R9-25-209(B)(4) and (5).

JULIE MCKINNEY, BASE HOSPITAL COORDINATORS

Respondent recommends that base hospital medical director sign. Agree that is confusing. Will change to "...base hospital medical director..." R9-25-209(B)(3).

GLORIA GODLEY, YUMA

Respondent recommends reduction/elimination of vehicular time. Covered in prior comments. R9-25-209(B)(4).

JOSE GOCHOCO, KINGMAN REGIONAL

Respondent recommends use of Board certification in criteria for qualifications of physicians. Already took comments into consideration and rule was changed prior to public hearings. R9-25-209(A)(1), (2), and (3). Neither BEMS nor the Arizona Board of Medical Examiners is aware of this level of certification (BCEM). We concur regarding "board eligible" and will change to "...board certified or board eligible..."

ROBERTO MURILLO, NAVAPACHE REGIONAL; ANNETTE PASSER, NAVAPACHE REGIONAL; BARB GLICKMAN, CASA GRANDE REGIONAL MEDICAL CENTER; MICHAEL WHITE, RURAL METRO;
CHRIS PRICE, MESA LUTHERAN; GREG MARLAR, RURAL METRO; KAY LEWIS, PHOENIX COLLEGE;
JAMES MCLAUGHLIN, KINO HOSPITAL; JAY DAGLEY, COCHISE COUNTY; GENE SCHAFER, RIO RICO; MARC DENSON; JOANN HUBBARD; DAVID MADRID; EILEEN RIVERA

Respondents recommend reduction/elimination of vehicular time. Covered by prior comments and the changes in R9-25-209(B)(4) and (5).

JOHN GUNN, JEANINE ANDERSON, FLAGSTAFF MEDICAL CENTER

Respondents recommend reduction/elimination of vehicular time. Covered in prior comments and corrected in R9-25-209(B)(4) and (5).

DEBBIE WOJAK, EASTERN AZ. COLLEGE

Respondent believes requirement violates Board of Nursing authority to regulate nursing. This requirement has been discussed

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and prepared with the Board of Nursing concurrence. This Statute does not authorize, nor is it intended to, regulate nursing. This is Statute, not rule. We are not regulating nursing, however, if a nurse wishes to function as a medical direction authority, the nurse must meet the criteria in rule for same. R9-25-210.

JULIE MCKINNEY, BASE HOSP. COORDINATOR

Respondent recommends deletion of requirements. BEMS disagrees that this is not necessary. Current status in ACLS must be required to maintain competency skills in advanced cardiac patient care. R9-25-210(B)(2).

WANDA LARSON, UNIVERSITY MEDICAL CENTER

Respondent recommends inclusion of FICN. Covered in prior comments. FICN is not part of this packet.

JOHN GUNN, JEANINE ANDERSON, FLAGSTAFF MEDICAL CENTER

Respondents recommend deletion of radio log requirement. We agree that this is an added requirement which should be optional therefore we will delete R9-25-211(6).

JULIE MCKINNEY, BASE HOSPITAL COORDINATOR

Respondent asks if Department can insure patient confidentiality. With respect to R9-25-211(5), these are patient care documents and as such are protected by Statute. Other documents which are not patient care records, including portions of 1st care forms, are public records.

GLORIA GODLEY, YUMA

Respondent recommends deletion of radio log requirement. We have deleted the log requirement. Covered in prior comments. R9-25-211(6).

DARRIN WEBB, NORTHLAND PIONEER COLLEGE; ANNETTE PASSER, NAVAPACHE

Respondent recommends Department not set standards for Quality Improvement as identified in rules. Covered in prior comments. R9-25-206(D)(2). We disagree that the Department should not set minimum standards for base hospitals. Base hospitals may exceed or modify these standards as long as they meet the minimums. R9-25-206(D)(2).

ARTICLE 3

RICK SOUTHEY, BULLHEAD CITY FIRE

Respondent recommends written notification. Concur with recommendations. Delete "...verbal or..." R9-25-301(C)(4).

COOKIE LITTLE

Respondent recommends deletion of requirement for BLS training program medical director and allowance for interim teaching time without medical director. The requirement for a Medical Director is a curriculum requirement. Removal of certain skills from the core curriculum will not alter the requirement for a Medical Director. Without a Medical Director, the course would not meet the National standard. Consequently, students completing a course without a medical Director would be ineligible for National Registry testing required in these rules for certification. This is a minimal requirement for review and approval. 301(A)(7).

MICHAEL WHITE, RURAL METRO; GREG MARLAR, RURAL METRO; DON REEDER, LAKE HAVASU FIRE; PAUL KESSEL, MOHAVE COMMUNITY COLLEGE; LYN YOUNG, MOHAVE COMMUNITY COLLEGE;

KAY LEWIS, PHOENIX COLLEGE; DARRIN WEBB, NORTHLAND PIONEER COLLEGE; JAY DAGLEY, COCHISE CO.

Respondents recommend deletion of requirement for BLS Medical Director. Covered in prior comments. R9-25-301(A)(7).

Retention of a medical director is essential to conformance with the DOT National Standard Curriculum for Basic EMT which in turn is the basis for the standardized testing provided by the National Registry. The public committee that developed this proposed rule package was strongly in support of a medical director within the basic EMT program to ensure program objectives were met. R9-25-301(A)(7) and (C)(4).

DAVID MADRID, NORTHWEST HOSPITAL

Respondent recommends deletion of "should have known". We disagree. "Should have known" is appropriate legal burden of proof because there are instances where it is impossible to prove deliberate knowledge or intent, and is necessary for the Dept. to enforce its rules when the owners or operators delegate tasks and authority. The purpose of this rule is to allow the Dept. to discipline those who knowingly violate the rules as well as those who have demonstrated such a lack of competence that their training programs should not be certified and pose a danger to public health and safety. R9-25-301(E)(2)(C). Covered in R9-25-310.

GREG MARLAR, RURAL METRO

Respondent recommends deletion of submission of complete list of all instructors, owners of a training program and the require-

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ment for a BLS training program Medical Director. The Dept. realizes that changes may occur during a training program, but feels it should have the ability to determine if required qualifications of instructors for training programs have been met. R9-25-301(B)(1)(f).

KAY LEWIS, PHOENIX COLLEGE

Respondent recommends deletion of submission of complete list of all instructors. The State disagrees that we are asking for a list of all instructors. In R9-25-301(B)(1)(F), we are asking for a list of instructors that are in compliance with 305 which are lead instructors. This is also for initial certification of a training program, not individual class instructors. The purpose of this rule is to assure that training programs have 1 or more instructors meeting the qualifications of R9-25-301(5). We disagree a subheading is needed. Bloodborne pathogens are specifically addressed in exhibits or in documents incorporated by reference in these rules. R9-25-301(B)(1)(i). Covered in R9-25-301(B)(1)(f).

Agree. Covered in prior statements. R9-25-301(B)(1)(E) and (A)(7).

DARRIN WEBB, NORTHLAND PIONEER COLLEGE

Respondent recommends deletion of requirement for listing all BLS training program instructors. Covered in prior comments. R9-25-301(B)(1)(f). Covered in prior comments. R9-25-301(B)(1)(E) and (A)(7).

JAY DAGLEY, COCHISE CO.

Respondent states "Same position as SAEMS Base Hospital Coordinators" with regard to BLS Training Program Medical Director. Covered in prior comments. R9-25-301.

RICK SOUTHEY, BULLHEAD CITY FIRE

Respondent recommends time/process requirements on Department. We disagree. Rules are not for regulating the Dept. Substantive policies and procedures are available in BEMS office for public scrutiny.

Covered in prior comments. R9-25-301(B)(1)(f).

MARC DENSON, JOANN HUBBARD, DAVID MADRID, EILEEN RIVERA, GENE SCHAFER

Respondents recommend deletion of course requirements in sections. Covered in prior comments in R9-25-301(B)(1)(E) and (A)(7), and (B)(1)(i).

RICK SOUTHEY, BULLHEAD CITY FIRE DEPT.

Respondent recommends continuation of training if medical director leaves. Covered in prior comments. R9-25-301(B)(1)(E) and (A)(7).

BARB AEHLERT, SAMARITAN HEALTH SYSTEM

Respondent recommends use of National Registry equipment list and continuation of training if medical director leaves. Covered in exhibits, in prior comments in R9-25-301(B)(1)(E) and (C)(1)(4).

MARC DENSON, JOANN HUBBARD, DAVID MADRID, EILEEN RIVERA, GENE SCHAFER

Respondents recommend deletion of requirement for BLS training program Medical Director. Covered in prior comments R9-25-301(B)(1)(E) and (A)(7).

FRANK FOTI, RIVER MEDICAL; SCOTT HARRIS, NORTHWEST HOSPITAL; CHERYL HAMPTON, LIFELINE; MEDICAL CAPTAIN, PATAGONIA FIRE; DON DEVENDORF, PRESCOTT FIRE; STEVEN HULLAND, ELEPHANT HEAD VOLUNTEER FIRE; MIKE FRASER, ARIVACA VOLUNTEER FIRE DEPT;

JUD MARSTEN, SONITA-ELGIN EMERGENCY SERVICES; PEDRO MENDOSA, NOGALES FIRE;

CARLOS PARRA, NOGALES SUBURBAN; RONDA SHIRLEY, RIO RICO FIRE; WANDA LARSON, UNIVERSITY MEDICAL CENTER; COOKIE LITTLE, AZ WESTERN COLLEGE; DON REEDER, LAKE HAVASU FIRE; GENE SCHAFER, RIO RICO; RICK SOUTHEY, BULLHEAD CITY FIRE

Respondents recommend deletion of requirement for BLS training program Medical Director. Covered in prior comments R9-25-301(B)(1)(E) and (A)(7) and R9-25-303.

PAUL KESSEL, LYNN YOUNG, MOHAVE COMMUNITY COLLEGE

Respondents recommend continuation of BLS training program if Medical Director leaves until new director is appointed. Covered in prior comments. R9-25-301.

DAVID MADRID, NORTHWEST

Respondent recommends inclusion of Basic EMTs within program director requirement. We agree. Requiring the program director is restrictive and we will delete the ACLS requirement from R9-25-304(A)(2). However, BEMS feels that the medical director

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of a training program whose curriculum includes EMT-D and may include special skills must be ACLS certified to assure course competencies and objectives are met. R9-25-304(A)(2) and R9-25-303(A)(2). We disagree. The Department does not believe maintaining this log to be additional work, especially if as the comment states, "it already exists"; it simply defines the components of the log. R9-25-304(B)(4)(A). We agree. We will delete this requirement and change to "...or EMT at any level..." R9-25-304(A)(1).

KAY LEWIS, PHOENIX COLLEGE; JAY DAGLEY, COCHISE COUNTY; MARC DENSON, EILEEN RIVERA, JOANNE HUBBARD, DAVE MADRID, GENE SCHAFER

Respondents recommend making requirement 30 days. The Dept. feels that 10 working days which is a 2-week period, is a reasonable period of time to complete and submit 2 forms (course roster and course completion forms), particularly as the Training Programs express desire to test students as close to the end of the training program as possible. R9-25-304(B)(6). Covered in prior comments. R9-25-304(B)(4)(a).

KAY LEWIS, PHOENIX COLLEGE; CHERYL HAMPTON, LIFELINE; MEDICAL CAPTAIN, PATAGONIA FIRE; JAY DAGLEY, COCHISE COUNTY; GENE SCHAFER, RIO RICO; MARC DENSON, KINO HOSPITAL; JOANNE HUMBARD; DAVE MADRID; EILEEN RIVERA; JIM BROOME, BENSON AMBULANCE; RICK SOUTHEY, BULLHEAD FIRE; JUDITH MARSTEN, SONITA-ELGIN; MIKE FRAZER, ARIVACA FIRE; RHONDA SHIRLEY, RIO RICO; CARLOS PARRA, NOGALES SUBURBAN FIRE; STEVE HULLAND, ELEPHANT HEAD FIRE DEPARTMENT; BARB AEHLERT, SAMARITAN HEALTH; WANDA LARSON, UNIVERSITY MEDICAL CENTER; JOHN SHEELY, TUBAC, ANNETTE PASSER, NAVAPACHE HOSPITAL.

Respondents recommend allowing Basic EMTs to be BLS program Director. Covered in prior comments. R9-25-304(A).

ANNETTE PASSER, NAVAPACHE HOSPITAL; JAN HAUKE, ARIZONA FIRE DISTRICT ASSOCIATION; COOKIE LITTLE, ARIZONA WESTERN COLLEGE; WANDA LARSON, UNIVERSITY MEDICAL CENTER; LARRY BEDNAREK, RURAL METRO; LARRY KIMBLE, PAGE FIRE; BILL MILLER, COCHISE COLLEGE; ERLINE TODD; CHERYL HAMPTON, LIFELINE; MEDICAL CAPTAIN, PATAGONIA FIRE; DARRIN WEBB, NORTHLAND PIONEER COLLEGE; GENE SCHAFER, RIO RICO; MARC DENSON, JOANNE HUBBARD, DAVE MADRID, EILEEN RIVERA; JUD MARSTEN, SONITA-ELGIN; MIKE FRASER, AIRIVACA; RONDA SHIRLEY, RIO RICO; CARLOS PARRA, NOGALES SUBURBAN; PEDRO MENDOSA, NOGALES FIRE; STEVE HULLAND, ELEPHANT HEAD FIRE; BARB AEHLERT, SAMARITAN
WANDA LARSON, UMC; COCHISE CO. SUBREGIONAL EMS COUNCIL; MARILYN PRICE, LINDEN FIRE; EMMA HORTON, LINDEN FIRE; JIM BROOME, BENSON AMBULANCE; JOHN SHEELY, TUBAC
RICK SOUTHEY, BULLHEAD; MICHAEL WHITE, RURAL METRO; DON REEDER, LAKE HAVASU CITY FIRE; PAUL KESSEL, LYNN YOUNG, MOHAVE COLLEGE

Respondents recommend permitting Basic EMT to be BLS Program Director. Concur. Change as performed in R9-25-304(A).

WANDA LARSON, UMC; DAVE MADRID; EILEEN RIVERA; JOANNE HUBBARD; GENE SCHAFER; MARC DENSON; KAY LEWIS, PHOENIX FIRE; COLLIN DEWITT, PHOENIX FIRE; JAY DAGLEY, COCHISE COUNTY; RICK SOUTHEY, BULLHEAD FIRE

Respondents recommend allowing in excess of 2 instructors for BLS programs. Limiting the instructors to a maximum of 2 assures consistency in teaching methodology. Utilizing more than 2 instructors in initial courses could be disruptive to learning and could result in lack of consistency. The Department supports this position without limiting guest lecturers for special portions of the class where their expertise would be beneficial to the students. R9-25-305(A).

KAY LEWIS, PHOENIX COLLEGE

Respondent recommends expansion of instructor criteria to allow other medical personnel knowledgeable in a subject. The Department will follow the recommendations of the Rules committee to maintain the requirement for current licensure or certification of instructors. EMS is an ever changing field and only current practitioners would have the incentive to remain current on all changes. R9-25-305(A)(1).

DEBBIE WOJAK, EASTERN AZ COLLEGE

Respondent recommends "grandfathering" of current instructors. The Dept. recognizes current instructors and program managers by virtue of the requirement for recent teaching experience. To grandfather in current all current program managers would defeat the dept.'s goal to assure quality of the training programs. R9-25-305(A).

MARC DENSON, JOANNE HUBBARD, EILEEN RIVERA, DAVID MADRID, GENE SCHAFER
COLLIN DEWITT, PHOENIX FIRE

Respondents recommend changing rule to use word "equivalent." We agree. We will change the rule to "...equivalent" instead of "that meets..." in R9-25-305(A)(5).

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LARSON, SHEELEY, LEWIS, DEWITT, DEVENDORF, DENSON, HUBBARD, RIVERA, MADRID, SCHAFER

Respondents recommend higher instructor/student ratios. The Department disagrees. AHA recommends 6:1 with 8:1 only for very experienced instructors. Other literature supports a 6:1 ratio therefore we feel that 8:1 is generous.

Input for the ratios came from members of the committee who are educators and from current AHA recommended ratios for CPR training. A minimum ratio must be set as a minimum standard in order to maintain quality. This rule in no way impacts continuing education -- it addresses EMT-Basic (initial courses) and EMT-B refresher courses. R9-25-307(B)(2)(b).

JOHN SHEELEY, JAY DAGLEY, HUBBARD, DENSON, DEWITT, MADRID, RIVERA, SCHAFER, WANDA LARSON, KAY LEWIS, DEWITT, RICK SOUTHEY

Respondents recommend relaxation/elimination of specific physical requirements for classrooms. The Department disagrees. These classroom requirements were recommended by experienced trainers who have been faced with having to teach in inadequate facilities that were not conducive to learning and are supported by student surveys. BEMS feels there must be a minimum standard to ensure the quality of program for the student. These requirements are conservative in comparison to DOT recommendations and Joint Review Commission on Accreditation. R9-25-307(B)(1). Recommendations cannot be enforced. Must be set as minimum standards in order to be enforced. The change will be made to make them identical. Basic students deserve the same level of comfort as ALS students.

KAY LEWIS, WANDA LARSON, MARC DENSON, JOANN HUBBARD, DAVID MADRID, EILEEN RIVERA, SCHAFER, CHERYL HAMPTON, DEWITT, AEHLERT

Respondents recommend rules allowing students additional flexibility in class didactic requirements. The Department disagrees with additional time allowances. Twenty percent of the total didactic required is 20 hours (5 more than the 15 hours recommended by the committee. This is not a significant number and BEMS supports making the change. We feel that the 20-hour limit covers the majority of classes and due to the fact that each training program may alter the number of hours, feel that the 20-hour limit is fair. R9-25-307(B)(2)(a).

MICHAEL WHITE

Respondent states that didactic objective are those of the 1985 National Standard Curriculum. The Department disagrees. The new curriculum is used in these rules and is incorporated by reference in Exhibit N -- from 1994. It contains totally new objectives. R9-25-307(C)(1).

DAVID MADRID, KAY LEWIS, GODLEY, DENSON, HUBBARD, RIVERA, SCHAFER, MARLER

BEMS disagrees with alteration of this rule. The Committee felt it would be disruptive to course when initial training is going on and would require additional instructors to meet the ratios. The Committee also felt that EMTs who are current and attend a course for the CE hours are disruptive and they often present a jaded attitude of what is being taught versus what they perceive as "real life". Additionally, the learning objectives and the format of the curriculum are substantially different. R9-25-307(B)(2)(a). It applies to all skills taught and evaluated within an Arizona certified program. It should be noted that National Registry is for testing only, it does not address instruction. R9-25-307(B)(2)(b).

DAVID MADRID, KAY LEWIS, DAGLEY, DENSON, RIVERA, HUBBARD, SCHAFER

Respondents ask what medications can be taught in the new curriculum. The curriculum clearly outlines what medications can be given by facilitation for EMT's. R9-25-307(E)(2)(i).

KESSEL, YOUNG, DON REEDER

Respondents state that DOT National Standard Curriculum with state additions should be part of optional training for EMTs. The Department disagrees. AED is already part of the minimum standard curriculum. At the present time, base hospitals carry the burden for making blood glucose and intravenous monitoring training available in their areas. The addition of these skills was recommended by the committee as a method of standardizing training. AED and patient assisted medications cannot be removed, as they are an integral part of the new curriculum. Intubation is already under Special Skills as an option. IV monitoring was recommended by the committee as a method of standardizing training.

KAY LEWIS, DENSON, HUBBARD, MADRID, RIVERA, SCHAFER, DEWITT

Respondents recommend changing passing scores to 70% written, 80% practical. While the National Registry requirement for passing the written examination is 70% and the requirement for the practicals is set at approximately 75% (not so in every skill). Critical criteria also play a part on whether a student passes or fails the practical, regardless of the score. There was considerable discussion of scores by the committee and it was their final recommendation that a standard higher than Registry's be set for the course final examinations to assure that students were adequately prepared for Registry. R9-25-307(F)(2)(a)(ii). R9-13-307(F)(2)(a) and (b). Kay Lewis, Phoenix College, recommends passing percentages for final written and practical examinations be made consistent with National Registry requirements, 70% for written and 80% for practical.

KAY LEWIS

Respondent raises question as to whether all 3 attempts should be with the same exam. We concur that the training program

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should have the option of giving the same final exam as a retest, or any other final exam that it develops that follows the blueprint in the rules. R9-25-307(F)(2)(a)(iii). The Department cannot regulate preceptors in a hospital. These rules regulate training programs and it is the responsibility of the training programs to include the preceptor requirements in the required contracts they sign with a hospital to provide the clinical time. The language in no way requires the training program to provide the preceptor, although it certainly could if it wished to do so and included such in their clinical contracts. Therefore we will change the rule to be more specific to reflect that this is a training program responsibility within their clinical site contracts. R9-25-307(E)(4).

DON DEVENDORF

Respondent recommends allowing students to have either field or clinical experience. The National Standard Curriculum provides for the option of "clinical" or "field" rotations. The Department will change the rule to offer the option. We will change the wording to ...and the following skills during clinical rotations or supervised vehicular training. R9-25-307(E)(2).

LARAYNE NESS

Respondent recommends allowing students to attend classes not enrolled in. The Department disagrees. The recommendation was made by the committee based on liability issues. If they are not enrolled, they are not covered by insurance. The same educational issues addressed in R9-25-307(B)(2)(a) still apply. R9-25-307(B)(3).

GLORIA GODLEY

Respondent recommends using phrase "current edition" in description of exhibits. Rulemaking "rules" do not allow such language and require that specific publication dates be used to identify documents. R9-25-307(C)(1).

MAST suit removal should never be done by an EMT without physician supervision and direction. This does not imply that the physician must be physically present, but may be directing the EMT from radio or phone. R9-25-307(E)(2)(f).

GENE SCHAFER

Respondent states that A.R.S. § 36-2210 gives regional councils authority to establish permissive skills. A.R.S. § 36-2210 does not delegate the Department's authority and responsibility to set standards (see A.R.S. §§ 36-2204 and 36-2209). It is a permissive statute which allows the department to contract with the **coordinating** councils. Management is not part of this statute.

RICK SOUTHEY

Respondent recommends placing blueprint into exhibit. The Department will make the changes to achieve consistency by either placing them all in the rule. R9-25-307(F)(2)(a)(i).

ANNETTE PASSER, WANDA LARSON, GRED MARLAR, BARB GLICKMAN, DAGLEY, LARAYNE NESS, MADRID, DENSON, HUBBARD, SCHAFER, RIVERA, LEWIS, JIM MORGAN, DON DEVENDORF

Respondents recommend Department eliminate reference to "9th grade education." It does not refer to a 9th grade education, but a 9th grade reading level. A high school education was not required precisely for the same reason that she states, "there are a lot of people in college who cannot read". Therefore, the committee felt that a high school diploma or GED was meaningless if you couldn't read and opted for the requirement for a minimum reading level -- 9th grade. The reading tests suggested already appear in this rule and are very specific. The EMS Council's rules development committee also considered the fact that the National Registry exams mandated by these rules are written at the 9th grade reading level. R9-25-308(C). We concur that this is an additional expense, however, since the National Registry is written at the 9th grade level, we feel that this is an appropriate expense for the student in order to be successful. In addition, the expert interpretation is provided by the program administering the reading exam for the \$30 cost. Also the EMT-text are written at the 8th or 9th grade levels. R9-25-308(C). Per above statement, BEMS disagrees that a GED ensures a 9th grade reading level. R9-25-308(C).

DANI KOILE

Respondent suggests immunization record should be consistent in all locations. We concur that an error appeared in the other rule for ALS and will change all to be the same (rubella). R9-25-308(D)(3)(a) and (b).

JIM MORGAN

Respondent recommends that ADA accommodations be made in the selection and class components of a program. The programs are free to make any accommodations they wish, as long as they disclose the requirements for certification.

DANI KOILE, LEWIS, DAGLEY, DEWITT, DENSON, HUBBARD, RIVERA, SCHAFER, MADRID

Respondents believe that Department is requiring drug screening prior to entry into a training program. The Department disagrees. The Department is not conducting or ordering this drug screening. It is simply a requirement of some hospitals before beginning a clinical rotation. Therefore, the committee felt it would be wise to disclose this information to the students. If a training program wished to drug screening, it is permissible, but not required by BEMS. R9-25-309(B)(14).

RICK SOUTHEY

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Respondent recommends deletion of "excused" absences in context of identified rule. BEMS agrees with the fact that it does not matter whether the absences are excused or not and will delete. R9-25-309(A)(5)(a)(i) and (ii). We also concur that excused should be removed from subsection (iii).

JOHN GALLAGHER, DENSON, HUBBARD, MADRID, RIVERA, SCHAFER, RICK SOUTHEY

Respondents are concerned that lack of response to training program survey will automatically initiate an investigation with severe consequences for the training program. The Department disagrees that the disciplinary process is that "automatic." The ramifications for violation of any rule are specified in R9-25-311, therefore the Department may issue a letter or censure, place on probation or suspend or revoke a certificate, in whole or in part, therefore, BEMS disagrees that there would be no sanctions if this rule were violated. R9-25-310(C)(2). We concur that investigation of a "no" response on a survey is strong. We will change to "...shall be audited by the Dept. in the context of other responses by that class." R9-25-310(C)(3)(e).

RICK SOUTHEY

Respondent is concerned about the handling of "No Responses." Covered in prior comments. There is no exhibit for this survey, as it should be a dynamic process that could change for each training program based on their needs. We concur that the Dept. may not be the 1 doing the final survey, but each course needs to have a final customer survey to evaluate each class. Therefore, we will change the rule to "...the department or the training program..." R9-25-310(C)(3). Site visits may include customer surveys as noted in R9-25-310(C).

JIM BROOME

Respondent recommends delegation/subcontracting to regional councils, community colleges, etc. This would be an inappropriate delegation of authority to the Regional Councils. They are only responsible for testing, not training. R9-25-310(C)(1).

MADRID, RIVERA, HUBBARD, SCHAFER, DENSON, DARREN WEBB, BROOME

Respondents are concerned that Department is establishing arbitrary criteria for discipline of training programs and past graduates without guarantees of due process. It is the Department's intent in this rule to deny certification to graduates or students of a training program which has violated rules and is suspended or revoked if the Dept. determines that they have not met all of the requirements for certification as a result of the training program's violation. In addition, BEMS feels that this answers the consumers concern regarding testing being equated with certification. Clearly, by this rule, testing is not equated with certification, and prohibits the individual who passes his training program, and tests for National Registry in another state and returns to AZ for certification. This rule only concerns students or graduates of a training program who have not yet been certified. It in no way implies that we would take certifications away from past graduates. Regulatory proceedings are governed by due process and it is not necessary to specifically cite that in any rule. This issue is also covered in R9-25-311(C)(2), which outlines the process. R9-25-311(D).

MADRID, SOUTHEY

Respondents believe that correct citation should be Article 6. This is a correct statement and we will change rule to "...Article 6..." R9-25-311(C)(2).

MADRID, DENSON, HUBBARD, RIVERA, SCHAFER

BEMS feels that informal interviews are not mandatory and are part of the investigative process, not the disciplinary process and are at the discretion of the Director and Medical Director. R9-25-311(B).

GREG MARLAR, DARRIN WEBB, DAGLEY, DENSON, HUBBARD, MADRID, RIVERA, SCHAFER, KAY LEWIS

We agree that corrective action should be instituted quickly, that is the purpose of the QM program.

TAMI WHITE, MADRID, PATAGONIA FIRE, JUD MARSTON, MIKE FRAZER, RHONDA SHIRLEY, CARLOS PARRA, PEDRO MENDOZA, STEVE HULLAND, BROOME,

We agree that a basic EMT trained under the 1994 curriculum or an IEMT or paramedic may be a clinical or vehicular preceptor. All levels of EMTs must have 2 years of experience. Therefore we will change the rule to "...Clinical and vehicular preceptors..., basic EMT trained under the 1994 curriculum, or an intermediate with defib. status, or a paramedic... At least 2 years of field experience is required for all levels of EMTs functioning as preceptors. R9-25-306(A).

WANDA LARSON, KAY LEWIS, DAGLEY, MADRID, HUBBARD, DENSON, RIVERA, SCHAFER

This requirement is not restrictive, since all IEMTs and Paramedics will be required under these rules to work a minimum number of hours to retain certification status. Therefore, if they maintain current Paramedic certification, they will meet the requirement. The Department feels it is important for students aspiring to a new level to perform their vehicular training under someone who has current status and is experienced. R9-25-306(B)(3).

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WANDA LARSON, UMC

RICK SOUTHEY, BULLHEAD FIRE DEPT.

Any place where the phrase "verbal notification" is listed, written notification should be substituted. Change in R9-25-401(C)(4), deletion of "verbal or"

DAVID MADRID, NORTHWEST HOSPITAL

Department does not agree. See prior comments in R9-301(E)(2)(c).

WANDA LARSON, UMC; GREG MARLAR, RURAL METRO; PAUL KESSEL and LYN YOUNG, MOHAVE COLLEGE; KAY LEWIS, PHOENIX COLLEGE; JAY DAGLEY, COCHISE COUNTY; BARB AEHLERT, SAMARITAN HEALTH SERVICES.

Rule should allow a transition period if 1 medical director leaves and another 1 is being hired. (R9-25-401(A)(7) and (C)(4). Department does not agree. See prior comments 301(C)(4).

GREG MARLAR, RURAL METRO; KAY LEWIS, PHOENIX COLLEGE; GENE SCHAFER, RIO RICO

DAVE MADRID, JOANNE HUBBARD, EILEEN RIVERA, MARC DENSON; RICK SOUTHEY, BULLHEAD CITY

Addressed in prior comment. See 301(B)(1)(e).

PAUL KESSELL AND LYNN YOUNG, MOHAVE COMMUNITY COLLEGE

Addressed in previous comment. R9-401(A)(7).

KAY LEWIS, PHOENIX COLLEGE

Addressed in previous comment. R9-25-401(B)(91)(e).

401(B)(1)(h)

KAY LEWIS, PHOENIX COLLEGE AND MADRID, DENSON, RIVERA, SCAFER, HUBBARD

Separate out blood-borne pathogen protective equipment requirements. Do not concur. Medical supply requirements are addressed in Section. Protection requirements established by OSHA are necessary and are medical supplies.

See prior comments.

KAY LEWIS, PHOENIX COLLEGE

Addressed in previous comment. R9-25-401(B)(1)(e)

KAY LEWIS, PHOENIX COLLEGE

Addressed in a previous comment R9-25-401(A)(7) and (C)(4)

JAY DAGLEY, COCHISE COUNTY

Recommend a timeline be inserted in which DHS will process applications. Do not concur. Establishes rules regulating Department.

Addressed in previous comment. R9-25-401(B).

GLORIA GODLEY, YUMA

Addressed in previous comment. R9-401(B)(1)(h). Also R9-25-401(A)(7) and (C)(4)

Addressed in previous comment

GENE SCHAFER, RIO RICO FIRE DISTRICT

Addressed in previous comment. R9-25-401(A)(7) and (C)(4).

MARC DENSON, MD AND JOANN HUBBARD, RN, KINO COMMUNITY HOSPITAL; DAVID MADRID, NORTHWEST HOSPITAL; EILEEN RIVERA, RN, TUCSON MEDICAL CENTER; GENE SCHAFER, RIO RICO FIRE DISTRICT

Addressed in previous comment. R9-25-(B)(1)(e) and (h).

RICK SOUTHEY, BULLHEAD CITY FIRE DEPARTMENT

Addressed in previous comment. R9-25-401(A)(7).

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401(B)(1)(g)

BARB AEHLERT, SAMARITAN HEALTH

Addressed in previous comment. R9-25-401(B)(1)(g). Also R9-25-401(A)(7) and (C)(4).

RICH HENN, MARICOPA MEDICAL CENTER, AEHLERT

Do not concur. Department believes that the Course Medical Director and Program Directors should be much more closely involved with courses than they currently are. Three courses should be the maximum number of multiple simultaneous courses permissible under 1 physician or program director. However, the Department does concur that some training programs may be able to handle more than 3 programs at a time. Therefore we will change to:

...shall request written authorization from the Department. Such a request may be approved if the following conditions are met:"

1. The Training Program is not currently operating under a Corrective Action Plan.
2. The Training Program has not violated any provisions of this Article within the previous 12 months.
3. The Program submits written statements from the Program Director, the Medical Director and the Course Manager for the additional courses stating:
 - a. Each has sufficient time and resources to allocate to the proposed course in addition to responsibilities to any current course and provide specific details as to how this will be achieved. R9-25-402(B)

ARMSTRONG

This is currently in litigation and we cannot comment at this time.

HENN, AEHLERT

We concur that requiring 12 hours of didactic, clinical, or vehicular time from the medical director can have a significant economic impact. BEMS goal was to have the medical directors more involved in each training program, and we feel that has been answered by these rules. Therefore, we will delete that Section. R9-25-403(B)(3).

MADRID

Covered in prior comments. R9-213(A)(2) and R9-25-301(E)(2)(c) and R9-25-404(B)(4)(a). "In writing" is up to the training program and medical director to define the process that they wish to utilize in complying with this rule. BEMS can provide a sample if the training program desires this. R9-25-403(B)(1) and (B)(2).

LEWIS, DENSON, HUBBARD, RIVERA, SCHAFER, MADRID

Covered in prior comments. R9-25-301(A)(7) and R9-25-401(A)(7).

HENN, MADRID, DENSON, HUBBARD, SCHAFER, RIVERA

BEMS concurs that this is problem secondary to patient confidentiality and will delete. R9-25-404(B)(4)(h).

MADRID

Addressed in prior comments. R9-25-403(B)(1) and (B)(2).

LEWIS

Addressed in prior comments. R9-25-301(B)(1)(i) and 401(B)(1)(h). Addressed in prior comments. R9-25-404(B)(4)(a). Due to the fact that we now are not delineating intermediate training programs from paramedic training programs -- BEMS feels that the level required for an ALS training program must be a minimum of a paramedic. R9-25-404(A)(1). Addressed in prior comments. R9-25-303(A)(2). Addressed in prior comments. R9-25-210(B)(2) and 404(A)(2).

GODLEY

Addressed in prior comments. R9-25-210(B)(2)

WOJAK

Covered in prior comments. They are not the instructor's forms, but are the Department's forms. R9-25-304(B)(4)(k)

SCHAFER, MADRID, DENSON, RIVERA, HUBBARD

Covered in prior comments. R9-25-404(A)(1), R9-25-210-(B)(2), and R9-25-304(B)(4).

AEHLERT, LARSON, SHEELEY

Covered in prior comments. R9-25-404(A)(1).

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LARSON, DEWITT, DAGLEY, MADRID, SCHAFER, HUBBARD, RIVERA, DENSON
Covered in prior comments. R9-25-210(B)(2)

LEWIS, DEWITT, DAGLEY, MADRID, SCHAFER, HUBBARD, RIVERA, DENSON, AEHLERT
BEMS disagrees. First, we are not requiring that the program manager be present for the each and every lecture in its entirety. Second, lecturers may change their presentations. Third, paramedicine is a dynamic field and may require new information from the same faculty. R9-25-405(B)(1). BEMS also disagrees that we are asking the course manager to meet with each individual preceptor, but rather the dept. heads responsible for clinical and vehicle time. We feel that the manager must do this for each course in order to assure that each class is meeting its objectives and goals in the clinical and vehicular times. This requirement was added by the committee in order to explain how the course manager would achieve assurance of this Section of the rule. R9-405(B)(2).

LEWIS, MADRID, HUBBARD, DENSON, RIVERA, SCHAFER, AEHLERT
BEMS disagrees that this needs to be changed. As written it specifies that the qualifications of the lecturer or preceptor meet the qualifications contained in the curriculum. The curriculum provides, when appropriate, for lower level or non-certified individuals. It is only when the curriculum requires a certification that it must be current. In addition, the licensing acts considers instruction to be linked to licensure, therefore the certification or license must be current. R9-25-406(A).

DEVENDORF
Addressed in previous comment. R9-25-404(A)(1).

AEHLERT
We concur that this level of requirement would be overly restrictive and will address the qualifications in the exhibits. R9-25-406(A).
Covered in prior comments. R9-25-404(A)(1) and R9-25-406(D)(3)(a)(i).

LARSON, SHEELEY, GALLAGHER, LEWIS, DEWITT, DAGLEY
Covered in prior comments. We concur that this may be restrictive however, and will change to "...60..." R9-25-407(C)(2)(a).

LARSON, SHEELEY, LEWIS, DEWITT, MADRID, HUBBARD, DENSON, RIVERA, SCHAFER
Covered in prior comments. It should be noted that Lewis agrees. R9-25-307(B) and R9-25-407(C)(2)(a).

SHEELEY
Covered in prior comments. R9-25-307(B)

HENN
BEMS disagrees. By virtue of the cumulative nature of training, ALS programs must assume competence in skills previously learned. The curriculum does not allow for remedial training for those who are "rusty". R9-25-407(B)(3). We disagree. We feel that selection is important enough that the medical director must participate and therefore feel that the program director must also participate. In addition, you are allowed to choose 1 other person (or more) that has experience in pre-hospital medicine. It also allows for the program director to choose 2 additional members that are non-medical if they desire. R9-25-407(B)(4)(c). We agree with this statement. Personal relationship is defined in Article 2. R9-407(B)(4)(c).

LARSON
Covered in prior comments. R9-25-307(B)(1)

LARSON, LEWIS, DEWITT, MADRID, RIVERA, SCHAFER, DENSON, HUBBARD
Covered in prior comments. R9-25-307(F)(2)(a)(ii) See R9-25-407(H)(4) and (7).

MADRID, LEWIS
BEMS disagrees. In using the word "reasonable", the Dept. is attempting not to micromanage the training program, and we set a maximum in the rules. R9-25-407(B)(4)(a) and (b). We concur that this could be considered micromangement, therefore will delete "...question..." R9-25-407(B)(4)(a).

MADRID, LEWIS
Covered in prior comments. R9-25-407(B)(4)(c).

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MADRID

BEMS disagrees. A medical director is required for all advanced level training and therefore should not be an issue. R9-25-407(B)(4)(c).

MADRID, DAGLEY

BEMS disagrees. According to the blueprint for testing, pharmacology is included in the final exam. We will move it from the exhibits to the rule. Exhibit FF.

LEWIS

BEMS disagrees. Hours are identified in Exhibit U. R9-25-407(F)(1).

We concur that this could be considered micromanagement, therefore will delete "...question..."

GODLEY

BEMS disagrees. RN's curriculum does not meet the same knowledge objectives as the EMT-B. R9-25-407(J)(1).

MADRID, HUBBARD, DENSON, RIVERA SCHAFFER

Covered in prior comments. R9-25-407(C)(2)(a) and (b).

Covered in prior comments. It is defined in Article 1. R9-407(B)(4)(c).

Already changed. Covered in prior comments. See R9-25-307(B)(2)(a) and R9-25-407(B)(2)(a). Already covered in prior comments. R9-25-407(A)(4) and (B)(3). Agree. Will change the rule to "...the minimum required hours..." R9-407(F)(1).

Already covered in prior comments. Changed to eliminate the perception of micromanagement. R9-25-407(B)(4)(a). Already covered in prior comments. There is no longer a pharmacology test by itself -- the components of the pharmacology exam should be presented by the training program in each individual Section. The blueprint for the testing is in the rules but does not include a separate pharmacology exam. Out-of-state challengers now must take a challenge course eliminating that need for the exam. In addition, statistically, the pass-fail rate for the pharmacology exam does not affect certification. R9-25-407(H).

SOUTHEY

BEMS disagrees. Blueprints for tests have been to rule to be consistent. R9-25-407(B)(1). BEMS disagrees. The challenge course allows for the programs to formulate their own course based on student evaluations and specific needs. The refresher course is not set up in the same fashion. R9-25-407(J).

AEHLERT

Covered in prior comments. The training program has the end responsibility to assure that all entering the program are acceptable candidates for advanced training. As mentioned before, the ALS programs have no room for remedial training. Cost to the student must be considered and not all attending a training program may have another agency willing to screen and if allowed into a class they do not have the appropriate skills to complete would become a significant cost in terms of tuition, time spent on class and studying. In addition, we feel that without the requisite skills that it is setting students up for failure. R9-25-407(B)(3). Covered in prior comments. BEMS disagrees that a designee would be appropriate in this situation as the medical director and program director are responsible for the student selection in each program and must be intimately involved in the selection process. It would create inconsistency in the screening process format to allow designees. This is scheduled ahead of time, and if necessary rescheduling is not precluded by the state. R9-25-407(B)(4). Covered in prior comments. R9-25-407(C)(2). Covered in prior comments. R9-25-307(B)(2) and (3). R9-25-407(C)(2)(a) and (b).

JIM BROOME

Covered in prior comments. R9-25-407(B)(4)(c). Covered in prior comments. R9-25-407(C)(1)(c) and (d).

ANNETTE PASSER

Covered in prior comments. R9-25-308(C). Not in ALS program screening because will have met the requirement if they are a certified EMT in Arizona and will not preclude those already certified without the requirement from advancing their EMT certification level. BEMS disagrees. We feel that 1 year of providing patient care in either a volunteer or employment setting is essential to develop the skills, judgement, experience, critical thinking necessary to successfully complete an ALS course and function as an ALS provider in this state. R9-25-408(B).

HENN

Covered in prior comments. BEMS disagrees. We feel that you have the flexibility to allow nursing, etc. into the course if they met the criteria. This is based on the definition of prehospital provider (Article 1). We will reword the rule to make it clearer. This rule already allows ED nurses, military medics, etc. to be accommodated and allowed into the course if they meet the other criteria. R9-25-408(B).

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DENSON, HUBBARD, MADRID, RIVERA, SCHAFER
Covered in prior comments. R9-25-308(C).

LEWIS

BEMS disagrees. They need to have Arizona certification in order to be allowed to provide patient care in the state. In addition, if they are BLS National Registered in another state, it is simply an application process to be certified in this state without any test. Also, the Dept. has no jurisdiction over someone who is not Arizona certified. In the application process, a non-Arizona certified EMT must meet Arizona requirements that all state EMT's meet prior to entry in an ALS course. This is in conformance with the new EMT-B. curriculum. R9-25-408(A) and 409(9).

MORGAN

Covered in prior comments. R9-25-308(C).

GODLEY

Covered in prior comments. R9-25-408(A).

SCHAFER

Covered in prior comments. R9-25-408(A).

MADRID, HUBBARD, MADRID, RIVERA, SCHAFER

Covered in prior comments. R9-25-408(A) and R9-25-409(9).

SOUTHEY

Covered in prior comments. R9-25-408(B).

HENN

Covered in prior comments. We have removed excused from absences as a clarifier. In addition, we agree that the Course Manager is responsible for the course on a day to day basis and therefore notification can appropriately be made to course managers. We have changed the rule to reflect the same. R9-25-309(A)(5)(a)(i), (ii), and (iii.) R9-25-409(5)(a)(i) through (iii).

KESSEL, YOUNG, SOUTHEY

BEMS disagrees. The ALS training is not done in a community college structure but rather as a modular course where each module compares in length to BLS modules. Each module also contains both clinical or didactic portions that, if missed, are difficult and time-consuming to make up and may negatively impact the rest of the class. R9-25-409(5)(a)(ii).

LEWIS

Numbering, etc. will be fixed after all changes are made.

MADRID

Covered in prior comments. R9-25-309(B)(14) See R9-25-409(14).

MADRID, DENSON, HUBBARD, RIVERA, SCHAFER, SOUTHEY

Covered in prior comments. R9-25-408(A) and R9-25-409(9).

MADRID, DENSON, HUBBARD, RIVERA, SCHAFER, SOUTHEY

Covered in prior comments. EMS council and Educational committee are advisory in nature and only recommend policy and standards to the Director and Medical Director. In addition, the education and EMS Council were part of the committee which formed the rule packet. R9-25-310(C)(3) See R9-25-410(C)(3).

HENSLEY, STELFOX

BEMS disagrees that a definition for cumulative pass/fail ratio is necessary. Both terms are well known and are standard education terms. We would be happy to explain the definition to anyone who has a question. R9-25-410(C)(2).

The customer service survey is described in the rule R9-25-410(C)(3)(a) and we do not feel that an exhibit is necessary.

SOUTHEY

Covered in prior comments. Changes made. R9-25-401(C)(4).

We do not feel that changes should be made to the verbal discussion in R9-25-410(C)(1)(c)(v).

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WOJAK

Covered in prior comments. R9-25-304(B)(4)(k) and R9-404(B)(4)(k).

Regulated programs are not covered by the statute and site that is named. Voluntary consent is not necessary in a regulated program. R9-25-404(B)(4)(B).

MADRID, LEWIS, DAGLEY, SCHAFER, HUBBARD, RIVERA, DENSON, BROOME

Covered in prior comments. R9-25-311(A). See R9-25-411(A).

MADRID

Covered in prior comments. R9-25-411(C)(2).

MADRID, DENSON, HUBBARD, RIVERA, SCHAFER, AEHLERT

Covered in prior comments. R9-25-213(A)(2).

Article 5

NEW ADDITIONS

Due to public comment in the area of convictions, DUI, etc. BEMS noted an omission in the list of good character requirements and therefore changed the rule to reflect theft. R9-13-501(C).

ANNETTE PASSER, RN, NAVAPACHE REGIONAL MEDICAL CENTER, BARB AELHERT, SAMARITAN HEALTH SYSTEMS, BARBARA GLICKMAN, CASA GRANDE REGIONAL HOSP, WANDA LARSON, UMC

Physical examinations for ems people should be deleted...

BEMS agrees in part. The physical examination conducted by a physician is clearly a statewide issue, however, there is a need to assure physical ability of EMT-Basics to protect the public health and safety. Therefore, we have changed the physical examination form to an applicant statement of physical ability. We will edit the BLS and ALS certification rules to reflect this change. Additionally, we will edit the BLS and ALS training program rules to require disclosure of the physical ability requirement to all potential EMT candidates. BEMS will begin drafting an additional rule packet to allow for a separate certification accommodating individuals who do not possess the physical ability but yet desire certification.

JAN HAUKE, AZ FIRE DISTRICT; JOHN GALLAGHER, MD, ST. LUKES AND PHOENIX FIRE

SCOTT HARRIS, MD, NORTHWEST HOSPITAL; WILLIAM MCCRADY, MD, U OF A STUDENT HEALTH SERVICES; GREG MARLAR, RURAL/METRO; DON REEDER, LAKE HAVASU FIRE; KAY LEWIS, PHOENIX COLLEGE; SCOTT HARRIS, MD, NORTHWEST HOSPITAL; LARAYNE NESS, RN, YAVAPAI HOSPITAL; PAUL KESSEL AND LYNN YOUNG, MOHAVE COMMUNITY COLLEGE.

Comment above, regarding physical examination.

DAVID MADRID, TRI-CITY MED AND NORTHWEST HOSPITAL

...verify the applicant hasn't used alcohol... are we talking about on or off the job...need clarification.

BEMS agrees that this is not clear for the purpose requested. We will change to "...verify that he or she is not addicted to alcohol and has not consumed alcohol while at work or while attending class at school within the last 6 months." R9-25-501(A)(1)(d). We will also change R9-25-501(A)(1)(c) to be more clear.

KAY LEWIS, PHX COLLEGE

Cite R9-25-501(a)(1)(c) ...add controlled drugs...not medically prescribed for the applicant...

BEMS disagrees that a change is necessary in this regard. Covered in prior comments and we are not concerned with any drug that an applicant may take. We are concerned if those are controlled drugs. This is the current and standard usage regarding drug abuse problems in the medical field. Although applicants may utilize drugs (i.e.: tylenol, benadryl) that are not medically prescribed, they are not breaking any laws and at this time we would not be able to state that this constituted a public health and safety issue. R9-25-501(A)(1)(c)

Cite 501(c)(2) ...reword to 1 year as "an" legal adult...4 years is unreasonable overkill and not supported by any known data; acknowledging that juvenile records are expunged at age 18...

BEMS disagrees. DUI convictions are relevant to all EMS providers regardless of age. This reflects not only on character, but

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maturity and responsibility, all necessary qualities of EMTs. In addition, a DUI already implies an error in judgment which is highly important in the EMS field. However, 4 years was an arbitrary number and BEMS feels that a reasonable compromise would be the 2 year certification period and will make the appropriate change. R9-25-501(C)(2) and (2)(I); R9-25-502(A)(2), R9-25-601(A)(1)(c), 601(C)(2), 602(A) and (A)(2).

MCKINNEY

R9-25-501(A)(1)(c) & (d). How is this verified?...

This is a signed statement on the application and the responsibility initially lies with the applicant. Should there be a problem, rules have been established to cover falsifying of documents and other investigative processes. R9-25-501(A)(1)(c).

DARRIN WEBB, NORTHLAND PIONEER COLLEGE; DONALD DEVENDORF, PRESCOTT FIRE;
LARAYNE NESS, YAVAPAI HOSPITAL; JOHN ROWLINSON, SUN CITY WEST FIRE; JAY DAGLEY, COCHISE SUB
REGIONAL COUNCIL; COLLIN DEWITT, PHOENIX FIRE DEPARTMENT; GENE SCHAFER, RIO RICO FIRE DIS-
TRICT, RICK SOUTHEY, BULLHEAD CITY FIRE; BARB AEHLERT, SAMARITAN HEALTH SYSTEMS; BARB GLICK-
MAN, CASA GRANDE HOSPITAL; BOB RAMSEY, ARIZONA AMBULANCE ASSOCIATION, JOHN SHEELEY, TUBAC
FIRE

Previous comment. R9-25-501(A)(1)(c).

DEVENDORF

Agree that notarize should not be in the rule and is not necessary. It is an additional expense. Therefore we will delete that requirement. We will also change the rule to reflect the exhibit which explains the convictions (Exhibit cc). R9-25-501(C).

GLICKMAN

...Elimination of GED/High School Diploma...

BEMS agrees. This is not a rule and is not required if you meet the other entrance requirements.

ROWLINSON

...Should be a time frame for Director to make decisions so not to impair an applicants pending entrance to a training program...

BEMS disagrees. Rules are not for regulating the department. This is a policy in place which is available for public review if desired at the Dept.

MADRID

...We think this is covered in Out-of-state Section...

BEMS disagrees and feels that this needs to be in both places. Commentor seems to miss the point that this is a requirement for Arizona Trained applicants as well as Out-of-state applicants. Assures continuity. R9-25-504(A).

SOUTHEY

(States rule is different from ALS Section: RE: completing challenge course)

Recommendation of the EMS Council rules Committee with the reasoning that Arizona standards are higher. This is also reflected in the requirements for final exam minimum scores. R9-25-504(C).

DEWITT, PHOENIX FIRE DEPARTMENT; DAGLEY, COCHISE SUB REGIONAL COUNCIL; KAY LEWIS
PHOENIX COLLEGE

...Use of ETOH...clarify to on the job use... Covered in prior comments. R9-25-501(A)(1)(d).

SOUTHEY

...any procedure listed that would require medical control should be deleted...

BEMS disagrees. Medical control is an integral part of the 1994 curriculum. Deleting or altering any part of the curriculum would make Arizona students ineligible for National Registry testing and registration as required by these rules for state certification. R9-25-506(A)(4).

MADRID

...uncertain about phrase "as determined by analysis..."

BEMS agrees that this may be confusing, therefore, we will change R9-25-507(D) to read:

Accommodations for 150 percent of the normally allotted time to complete the written examination shall be granted by the Medical Director to applicants who have obtained testing accommodations from the National Registry of Emergency Medical Technicians.

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cians and have complied with this rule.

PASSER

...Opposed to expanded scope of practice for Basic EMT...I'm opposed to them starting IV's...

BEMS disagrees. EMT scope is expanding, this is in-line with the National Standard. Starting IV's is not part of this curriculum or these rules. R9-25-508.

FOTI, RIVER MEDICAL; MIKE WHITE, RURAL METRO, GLORIA GODLEY, YUMA HOSPITAL; RICK SOUTHEY, BULL HEAD CITY FIRE; JACQUELINE HAWK, BULL HEAD CITY HOSPITAL; BILL KINSEY BULL HEAD CITY FIRE; DON REEDER, LAKE HAVASU CITY FIRE

(Expanded Scope and Medical Control)

BEMS disagrees. Addressed in prior comments. R9-25-506(A)(4) and R9-25-508.

GREG MARLAR, RURAL/METRO; KAY LEWIS, PHOENIX COLLEGE; MIKE WHITE, RURAL/METRO

These commenters support the Regional Councils. These comments are inconclusive and not found in R9-25-508.

MCKINNEY

Change "medical control" to "medical direction")

BEMS agrees. Will change as recommended. Also added definition for medical direction for EMT-Basic for clarification. R9-25-101(3) and (4).

DARRIN WEBB, NORTHLAND PIONEER COLLEGE; JAY DAGLEY, COCHISE SUB REGIONAL

...use of EMS personnel in a hospital...

BEMS cannot comment at this time due to pending litigation. R9-25-508.

DAGLEY, MADRID

...permissive skills implemented consistent with regional plans...

Not found in this citation.

GLICKMAN

...support advanced skills.. But some requirements may prohibit program being offered in rural areas...

The advanced airway module is a special skills certification and is optional. Therefore, it would have no impact on the rural EMT-Basic training programs. R9-25-509.

KERNS

Not completely opposed to basic EMT's intubating,...fairly concerned...study in Cincinnati shows 50% success rate...please consider this.

Again, intubation is a special skills level and is not approved for all EMT-Basic personnel. Medical Control will have final input in its use. R9-25-509.

MADRID

Victor said intubation was not going to be a skill for BLS people...

Addressed in prior comment. R9-25-509

LEWIS

Re-insert language...

BEMS Disagrees. The final decision on the use of specific skills rests with the medical direction authority. To add the regional EMS council would simply create an additional layer of bureaucracy that is unnecessary.

DEWITT, DAGLEY, LARSEN, MADRID, RIVERA, SHAFER, DENSON, HUBBARD, LEWIS

...vehicular time requirements..."(also a useful tool for expanded scope of practice EMT's)"...

Comment noted, however, there is no R9-25-509(C)(2).

JOHN SHEELEY, TUBAC FIRE; MEDICAL CAPTAIN, PATAGONIA FIRE; DARRIN WEBB, NORTHLAND PIONEER; GENE SCHAFER, RIO RICO FIRE; MIKE FRAZER, ARIVACA VFD; RHONDA SHIRLEY, RIO RICO FD; CARLOS PARA, NOGALES SUBURBAN FD; PEDRO MENDOZA, NOGALES FD; STEVEN HULLAND; ELEPHANT HEAD VFD; JAN HAUKE, ARIZONA FIRE DISTRICT ASSOCIATION; BARB GLICKMAN, CASA GRANDE HOSPITAL

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...comment on reentry process..

BEMS agrees. We have added Sections (F) and (G) to R9-25-510 to address this process.

BILL KINSEY, BULLHEAD CITY FIRE/WESTERN AREA COUNCIL ON EMS; JIM MORGAN
APACHE JUNCTION FIRE DEPARTMENT

...special considerations for rural providers...additional training or skills demands may put some out of business...

BEMS disagrees. The Department feels that based on lack of repetitive use of skills and patient contact exposure, rural providers benefit greatly from organized training sessions. The refresher course may use a CEU format for a portion of the course. **However, the Department agrees with the committee that organized educational requirements, based on a standardized curriculum and using a evaluative examination to verify outcome is necessary. Additionally, the Base Hospitals will be authorized to conduct refresher courses, which will increase accessibility. R9-25-510(A)(3).**

BILL JOHNSTON, KINGMAN FIRE

...on-going CEU's should be used in lieu of a refresher class...

BEMS agrees in part. Addressed in prior comment. R9-25-510(A)(3).

...concerns about national registry requirements (adopting 1994 curriculum)

BEMS disagrees. AED and patient assisted medication are an integral part of the 1994 curriculum. Failure to adopt this curriculum in its entirety would put the state in a tenuous situation. National Registry testing would be eliminated as well as making any form of legal recognition in another state impossible. It would place Arizona in a severely isolated situation. Blood glucose monitoring and I.V. monitoring are 2 small modules recommended by the committee as a method of standardizing training. At the present time, base hospitals carry the burden of making these 2 modules available in their area. Intubation is not part of this curriculum. It is an optional module under special skills and utilized only when the local medical community determines there is a need. R9-25-510(A)(3) and (E).

DAVID MADRID, TRI-CITY MED & NORTHWEST, KEN BANTHRUM, LINDEN FD, JOHN SHEELEY, TUBAC FD

...all requirements of this Article - what is the intent of this statement here...

The intent is clear. An applicant for recertification must meet all the requirements of the Article pertaining to recertification in order to become recertified. R9-25-510(A).

...what happened to the idea of 24 hours of CE for EMT recert...

The committee and the Department support the concept of a refresher class for recert. A refresher class provides a standardized training format and covers specific learning objectives necessary to assure a comprehensive education. This is in stark contrast to the CE format which allows for review of randomized topics and no evaluation process. The refresher curriculum is flexible enough to allow for a myriad of formats while still maintaining certain benchmarks essential for a quality education. Additionally, a standardized refresher course allows an applicant to meet 1 of the requirements for re-registration with the National Registry. R9-25-510(A)(3).

DAVID HUIZENGA, PINEWOOD FIRE DEPARTMENT

...contact hours...

This comment doesn't apply to R9-25-510.

KAY LEWIS, PHOENIX COLLEGE; COLLIN DEWITT, PHOENIX FIRE DEPARTMENT; LARSEN, MADRID, RIVERA, SHAFER, DENSON, HUBBARD,

...submitting evidence...unclear and grammatically incorrect... allow 90 days.

BEMS disagrees. This language is not unclear nor is it grammatically incorrect. 30 days was the recommendation of the committee after considerable debate and it is consistent with other SECTIONS regarding time frames. R9-25-510(B).

DONALD DEVENDORF, PRESCOTT FIRE AND LARAYNE NESS, YAVAPAI HOSPITAL

1.(agrees that there should be recert requirement - refresher class listed)

2.(agrees that we should keep 30 day recert extension)

Noted - Thank You. R9-25-510.A.3. & R9-25-512

JIM MORGAN, APACHE JUNCTION FIRE DEPARTMENT

Cost of refresher class for recertification

BEMS disagrees. See prior comment. R9-25-510(A)(3).

RICK SOUTHEY, BULLHEAD CITY FD

CECBEMS in lieu of refresher course.

BEMS disagrees. CECBEMS approves continuing education courses. The National Registry requires a state approved refresher

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course as well as continuing education hours. There is no known course approved by CECBEMS that meets the Section 1.A. requirements of the National Registry for recertification.

RICK SOUTHEY, BULLHEAD CITY FD, BARBARA GLICKMAN, CASA GRANDE REGIONAL MEDICAL CENTER
Why do EMT-Basics need to take recertification exams when other levels do not....should be uniform.
This requirement is predicated upon A.R.S. § 36-2202(D).

DON REEDER, LAKE HAVASU FD, SUE KERN, KINGMAN RMC, RICK SOUTHEY, BULLHEAD CITY FD, JACQUELINE HAWK, BULLHEAD CITY, BILL JOHNSTON, KINGMAN FD
Object to AED and intubation requirement in EMT-Basic requirement in EMT-Basic curriculum.
BEMS Disagrees. Addressed in prior comment. R9-13-508, R9-13-509, R9-13-510.

CHERYL HAMPTON, LIFE LINE AMBULANCE

Concern that EMTs in the middle of a recertification cycle when these rules go into effect will have trouble meeting the new recertification requirements.

BEMS agrees. The date appearing on these rules was selected in anticipation of adoption of these rules much sooner than has occurred. Therefore, BEMS will change the drop dead date to December 31, 1998. R9-25-511(E).

RICK SOUTHEY, BULLHEAD CITY FD

R9-25-511 is redundant to R9-25-510.

BEMS agrees, however, following legal advice in order to be clear, 511 was written to address applicants certified at the special skills level (ie endotracheal intubation).

KAY LEWIS, PHOENIX COLLEGE; LARSEN, MADRID, RIVERA, SHAFER, DENSON, HUBBARD,

Would like the extension for people in military whose certification lapses due to circumstances beyond their control (called to active duty during a national emergency) to be longer than 180 days. Suggests the situation be evaluated by the employer or EMT coordinator.

BEMS disagrees with delegating this responsibility to the parties suggested, since they are not agents of the certifying authority. BEMS believes that in the event of a national emergency the Director has the ability to address the special needs of applicants involved in military duties without a specific rule being written. R9-25-512(D) and(E).

RICK SOUTHEY, BULLHEAD FIRE, PEDRO MENDOZA, NOGALES FIRE, CARLOS PARRA, NOGALES SUBURBAN, RONDA SHIRLEY, RIO RICO FIRE, MIKE FRAZER, ARIVACA FIRE

180 days may be short under some circumstances and that we should allow the option of attending a EMT-Basic refresher course and testing.

BEMS supports the recommendation of the committee to allow only 6 months. R9-25-512(E). Also, a refresher course and testing is already an option under R9-25-510(F).

STEVE HULLAND, ELEPHANT HEAD VOLUNTEER FIRE,

Recommends a reentry process for expired EMTs.

Previously addressed. R9-25-510(F).

KAY LEWIS, PHOENIX COLLEGE; LARSEN, MADRID, RIVERA, SHAFER, DENSON, HUBBARD

Questions whether inactive status will adequately protect EMS status of those on prolonged military duty. Recommends assurance of prolonged military leave, pregnancy, etc.

BEMS believes that for temporary medical conditions, this rule, R9-25-513, is very liberal and allows for a period of up to 24 months, as recommended by the committee. As previously commented, the military issue also has been addressed in R9-25-512(E) and (F).

KAY LEWIS, PHOENIX COLLEGE; COLLIN DEWITT, PHOENIX FIRE DEPARTMENT; LARSEN, MADRID, RIVERA, SHAFER, DENSON, HUBBARD DAGLEY,

Want the patient encounter form labeled as a medical record in order to protect privacy with medical record privacy acts and statutes.

BEMS agrees that this document needs protection, however, this would require a statute change rather than a rule. BEMS would support such legislation. R9-25-514.

JOHN ROWLINSON, SUN CITY WEST,

Recommends amending to indicate that a patient who is attended by a person of higher classification, i.e. EMT-P, will not require

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a duplicate report from the EMT-B.

BEMS disagrees. Each prehospital provider providing patient care must be responsible and accountable for documentation of all patient care he provides. The issue of duplicating forms will be left to the local system. By this we mean that all local agencies can agree to use 1 form with multiple parts or use separate forms as they desire. We have edited this rule to clarify the requirements. R9-25-514.

Also asks what would be considered proof of physical or mental incompetence.

Physical incompetence would be determined by a physician based on a medical examination considering the physical requirements of the job. Addressed in prior comment. R9-25-515(B).

Article 6

ANNETTE PASSER, NAVAPACHE HOSPITAL; RICHARD HENN, MARICOPA MEDICAL CENTER; WILLIAM MCCRADY, M.D., UNIVERSITY OF ARIZONA; DON REEDER, LAKE HAVASU CITY FIRE DEPARTMENT GREG MARLAR, RURAL METRO; PAUL KESSEL, MOHAVE COMMUNITY COLLEGE; KAY LEWIS, PHOENIX COLLEGE; JAMES MCCLAUGHLIN, ARIZONA EMERGENCY MEDICINE SYSTEMS, INC. DARRIN WEBB, NORTHLAND PIONEER COLLEGE; COLLIN DEWITT, PHOENIX FIRE DEPARTMENT; JOHN ROWLINSON, SUN CITY WEST FIRE DEPARTMENT; JAY DAGLEY, COCHISE COUNTY SUBREGIONAL COUNCIL; MARC DENSON, MD, JOANN HUBBARD, RN, KINO HOSPITAL; DAVID MADRID, NORTHWEST HOSPITAL, EILEEN RIVERA, RN, TUCSON MEDICAL CENTER RICK SOUTHEY, BULLHEAD CITY FIRE; BARBARA AELHERT, RN, SAMARITAN HEALTH SERVICES; BARBARA GLICKMAN, CASA GRANDE REGIONAL HOSPITAL, BOB RAMSEY, ARIZONA AMBULANCE ASSOCIATION;

Suggests elimination of physical exam requirement.

BEMS: Covered in prior comment. R9-25-501(B), R9-25-601(B).

DAVE MADRID, TRI-CITY MED AMBULANCE

suggests changing verbiage from "the job requirements" to "on the job requirements".

BEMS: Covered in prior comments R9-25-501(A)(1)(d).

KAY LEWIS, PHOENIX COLLEGE

Suggests adding language "or controlled drugs" and "not medically prescribed for the applicant"

BEMS: Covered in prior comments, R9-25-501(A)(1)(c).

Suggests rewording to include only DUI convictions as an adult.

BEMS: Covered in prior comments. R9-25-501(C)(2).

Suggests rewording to only consider alcohol use "on the job".

BEMS: Covered in prior comments.

CHERYL HAMPTON, LIFE LINE AMBULANCE,

Asks how the state will "verify" that these requirements?

BEMS: Covered in prior comments. The state is not required to "verify" anything by this rule, the applicant is. A falsified statement such as this on an application is a felony and is grounds to suspend or revoke the EMT's certificate if discovered.

COLLIN DEWITT, PHOENIX FIRE DEPARTMENT

Suggests rewording to only consider alcohol use "on the job".

BEMS: BEMS disagrees. See prior comment.

RICHARD HENN, MARICOPA HEALTH SYSTEMS

Suggests adding "or approved" to verbiage.

BEMS: BEMS agrees, Covered in prior comments.

DAVE MADRID, TRI-VALLEY MED AMBULANCE

Questions the meaning of "as determined by the analysis of the requirements of the job."

BEMS: Covered in prior comments.

GLORIA GODLEY, YUMA REGIONAL MEDICAL CENTER

Questions the need for ADA accommodations for ALS personnel.

BEMS: Federal law prevents the Department from ignoring the requirements of the ADA in its testing program.

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WANDA LARSON, UNIVERSITY MEDICAL CENTER; MICHAEL WHITE, RURAL/METRO; GREG MARLAR, RURAL METRO;

Questions qualifications for an ACLS instructor.

BEMS: This is the wrong rule cite for this subject.

KAY LEWIS, PHOENIX COLLEGE

Recommends re-insert language from 1981 rules regarding regional councils.

BEMS: Covered in prior comments.

Further comment by Kay Lewis suggests that hospitals should not be restricted in their use of Paramedics.

BEMS: The cited rule does not address this issue. Covered in prior comments.

DARRIN WEBB, NORTHLAND PIONEER COLLEGE:

Use of EMS personnel in health care institutions.

BEMS: This is not the subject of the cited rule. Covered in prior comments.

GLORIA GODLEY

Suggests addition of air ambulance medical directors.

BEMS: BEMS agrees and this will be covered under the proposed air ambulance rules.

MARC DENSON MD & JOANN HUBBARD RN, KINO COMMUNITY HOSPITAL, DAVID MADRID, NORTHWEST HOSPITAL, EILEEN RIVERA, TUCSON MEDICAL CENTER, CAPT. GENE SHAFER, RIO RICO FD:

Suggests that 1981 language be reinserted to allow region EMS systems to dictate scope of practice.

BEMS: BEMS disagrees see prior comment.

Further comment suggests hospitals should not be restricted in their use of EMS personnel.

BEMS: Covered in prior comments.

BULLHEAD CITY FD:

Addresses issues surrounding lifting requirements, EMTs being required to recertify in elective skills and extended practice.

BEMS: This issue is not addressed in this rule cite. Covered in prior comments.

JAMES ARMSTRONG, SACKS TIERNEY:

BEMS: No point made with regard to this cite. Seems to refer to Exhibit B.

Mr. Armstrong also goes on to address a Paramedic's scope of practice while working in a hospital emergency room.

BEMS: This issue is not addressed in this rule cite. Covered in prior comments.

ROBIN CONKLIN, NORTHWEST HOSPITAL:

Addresses using Paramedics in the hospital.

BEMS: This issue is not addressed in this rule cite. Covered in prior comments.

MICHAEL WHITE, RURAL/METRO - YUMA:

Speaks in support of the content of the proposed rule.

BEMS: Thank you.

DAVE MADRID, TRI-CITY MED AMBULANCE

Suggests that the rule refers to "section 1" but section 2 also applies.

BEMS: BEMS agrees. Insert "& (2)".

GREG MARLAR, RURAL METRO

Refers to the regions maintaining cohesion to the EMS system.

BEMS: This comment has no bearing on the content of the cite.

PAUL KESSELL, MOHAVE COMMUNITY COLLEGE

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Suggests that the requirement for a BSN be stricken and "Licensed Registered Nurse" be inserted.

BEMS: This comment refers to an exhibit and will be addressed in exhibit comments.

KAY LEWIS, PHOENIX COLLEGE

States agreement with Northwest Hospital comments.

BEMS: See prior comment, this issue is not addressed in this rule cite. This would come under "NEW".

Ms. Lewis also refers to the regional councils being the glue that holds the system together and that we should re-insert the 1981 language in this rule.

BEMS: See prior comment, this is not part of this rule cite.

GLORIA GODLEY, YUMA REGIONAL MEDICAL CENTER

Suggests clarification of RN with BSN or 2 years experience.

BEMS: Covered in prior comments.

MARC DENSON MD & JOANN HUBBARD RN, KINO COMMUNITY HOSPITAL, DAVID MADRID, NORTHWEST HOSPITAL, EILEEN RIVERA, TUCSON MEDICAL CENTER, CAPT. GENE SHAFER, RIO RICO FD

Refers to "permissive skills".

BEMS: See prior comment, we disagree. Scope of practice must be established at a state level.

RICK SOUTHEY, BULLHEAD CITY FD

Suggests the "blueprint" for the exam be removed from the rule and added as an exhibit.

BEMS: Agree in part. BEMS has moved both exam blueprints to the rules rather than exhibits.

JOHN SHEELEY, CHIEF, TUBAC FD

Recommends addition of process to allow Paramedics whose certification has lapsed to re-enter the system.

BEMS: Agree, Covered in prior comments.

RICHARD HENN, MARICOPA HEALTH SYSTEMS

Recommends striking physical exam requirement for recertification.

BEMS: Agree see prior comment.

JOHN GALLAGHER, MD, ST LUKES & PHOENIX FIRE DEPT

Recommends the addition of "audio visual" and "CD ROM" based continuing education programs.

BEMS: BEMS agrees. This has been added to Category II and to definitions. R9-25-610(B)(2)(g) and R9-25-101.

JAN HAUKE, ARIZONA FIRE DISTRICT ASSOCIATION; LARRY BEDNAREK, RURAL/METRO; DAVE MADRID, TRI-CITY AMBULANCE; DAVID HUIZENGA, PINWOOD FD; LARRY KIMBLE, PAGE FD; CHERYL HAMPTON, LIFE-LINE AMBULANCE; COLLIN DEWITT, PHOENIX FD; JAY DAGLEY, COCHISE COUNTY SUBREGIONAL COUNCIL; WANDA LARSON, UNIVERSITY MEDICAL CENTER; BARBARA GLICKMAN-WILLIAMS, CASA GRANDE REGIONAL MEDICAL CENTER; MARC DENSON, MD, JOANN HUBBARD, RN, KINO HOSPITAL; EILEEN RIVERA, TUCSON MEDICAL CENTER; CAPT. GENE SHAFER, RIO RICO FD;

Suggests an alternative to vehicular time requirements.

BEMS: Agree. Vehicular time is not quantifiable. Recommendation by the base hospital medical director and coordinator should be sufficient grounds for the Department to consider a person eligible for recertification. BEMS has deleted this requirement in R9-25-510 and R9-25-511.

GREG MARLAR, RURAL/METRO

Suggests maintain 120 hours vehicular requirement for paramedics and 80 hours for IEMTs.

BEMS: Requirement deleted above. Covered in prior comments.

KAY LEWIS, PHOENIX COLLEGE

Suggests grammar correction.

BEMS: Unable to find cited verbiage.

Suggests grammar corrections to R9-13-610(B)(1)(c).

BEMS: Agree, change "base station" to "base hospital".

Suggests insertion of "multi-media" to continuing education.

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BEMS:Agree. see prior comment.

Suggests deletion of vehicular hours and placing burden on the base hospital for determining skills competency.

BEMS:Agree. see prior comment.

Suggests addition of system by which paramedics can re-enter system if certification expires.

BEMS:Agree. See prior comment.

ANNETTE PASSER, NAVAPACHE MEDICAL CENTER

Asks for clarification of "vehicular time/patient contact hours"

BEMS:Moot. Requirement deleted. Covered in prior comments.

DARRIN WEBB, NORTHLAND PIONEER COLLEGE

Suggests the limits on CEUs by attending training skills programs are too restrictive.

BEMS:Disagree. A well rounded CEU program must consist of several different types of experiences.

Suggest we define or clarify vehicular time.

BEMS:Moot. Requirement deleted.

LARAYNE NESS, RN, YAVAPAI REGIONAL MEDICAL CENTER

Asks for clarification of contact hours.

BEMS:Moot. Requirement deleted.

Asks for a re-entry mechanism for expired paramedics.

BEMS:Agree see prior comment.

COLLIN DEWITT, PHOENIX FD

Suggests changing application window from 30 days prior to expiration to 90 days.

BEMS:Covered in prior comments.

JAY DAGLEY, COCHISE COUNTY SUB-REGIONAL COUNCIL

Suggests elimination of physical exam requirement for recertification.

BEMS:Agree see prior comment.

JAY DAGLEY, COCHISE COUNTY SUB-REGIONAL COUNCIL

Reword "base station" to "base hospital"

BEMS:Agree. See prior comment.

GENE SHAFER, RIO RICO FD

Suggests elimination of physical exam for recertification.

BEMS:Agree see prior comment.

Suggests that the vehicular time requirement be lowered and a mix of this and skills competencies replace it.

BEMS:Moot. Requirement deleted.

MARC DENSON MD & JOANN HUBBARD RN, KINO COMMUNITY HOSPITAL, DAVID MADRID, NORTHWEST HOSPITAL, EILEEN RIVERA, TUCSON MEDICAL CENTER, CAPT. GENE SHAFER, RIO RICO FD

Recommends elimination of physical exam requirements.

BEMS:Agree see prior comment.

Suggests a mechanism for re-entry of an expired paramedic.

BEMS:Agree see prior comment.

Recommends vehicular time be eliminated and replaced with skills assessment by base hospital.

BEMS:Agree see prior comment.

Suggests changing application window from 30 days prior to expiration to 90 days.

BEMS:Agree see prior comment.

Reword "base station" to "base hospital"

BEMS:Agree see prior comment.

Suggests that the description of the extension application for be deleted as it is duplicative of the exhibit.

BEMS:Disagree. On the advice of legal counsel, the content of the form has been included in the rule.

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RICK SOUTHEY, BULLHEAD CITY FD

Recommends elimination of physical exam requirements.

BEMS: Agree see prior comment.

BARBARA AEHLERT, SAMARITAN HEALTH SERVICES

Suggests elimination of physical exam requirements except for immunity to infectious disease and shifting that responsibility to the employer.

BEMS: Agree see prior comment.

BARBARA GLICKMAN, CASA GRANDE REGIONAL MEDICAL CENTER:

Suggests providers who are not in direct patient care should be able to recertify without additional requirements.

BEMS: Disagree. A paramedic is certified to provide patient care. If he does not use his skills on a regular basis, he cannot maintain his skills and would not be capable of providing optimal, safe patient care. BEMS is currently drafting new rules that will allow for certification of EMTs who do not work in direct patient care. However, until this rule is in place, certification implies ability to provide patient care.

Suggests physical exams should be an employer responsibility not a state function.

BEMS: Agree see prior comment.

Eliminate vehicular/clinical requirement.

BEMS: Agree see prior comment.

WANDA LARSON, RN, UNIVERSITY MEDICAL CENTER; JOHN SHEELEY, TUBAC FD RICHARD HENN, RN, MARICOPA HEALTH SYSTEMS; BARBARA GLICKMAN-WILLIAMS, CASA GRANDE REGIONAL MEDICAL CENTER;..

Recommends elimination of physical exam requirement.

BEMS: Agree see prior comment.

Recommends mechanism for expired EMTs to regain certification.

BEMS: Agree see prior comment.

GREG MARLAR, RURAL/METRO

Recommends keeping vehicular time requirements for IEMTs at 80 hours.

BEMS: Disagree, see prior comments.

KAY LEWIS, PHOENIX COLLEGE

Suggests fewer vehicular hours for recertification, 60 for IEMTs.

BEMS: Disagree, see prior comments.

Supports adding interactive media presentations for CE.

BEMS: Agree, Covered in prior comments.

Recommends mechanism for re-entry of expired EMTs.

BEMS: Agree, see prior comment.

COLLIN DEWITT, PHOENIX FD

Recommends allowing applicant to apply as early a 90 days before expiration.

BEMS: Disagree, Covered in prior comments.

MARC DENSON MD & JOANN HUBBARD RN, KINO COMMUNITY HOSPITAL, DAVID MADRID, NORTHWEST HOSPITAL, EILEEN RIVERA, TUCSON MEDICAL CENTER, CAPT. GENE SHAFER, RIO RICO FD

Recommends mechanism for re-entry of expired EMTs.

BEMS: Agree, see prior comment.

Recommends an alternative to vehicular hours requirement and placing the responsibility on the base hospital.

BEMS: Agree, see prior comment.

Recommends allowing applicant to apply as early a 90 days before expiration.

BEMS: Disagree, Covered in prior comments.

KAY LEWIS, PHOENIX COLLEGE

Does not agree with proposal that skills remediation is sufficient to recertify someone who has been out of the system.

BEMS: Disagree. Covered in prior comments.

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DAVE MADRID, TRI-CITY MED

Suggests an application for downgrade not be considered if applicant under investigation.

BEMS: Covered in R9-25-614(C).

KAY LEWIS, PHOENIX COLLEGE; COLLIN DEWITT, PHOENIX FD JAY DAGLEY, COCHISE COUNTY SUBREGIONAL COUNCIL; MARC DENSON MD & JOANN HUBBARD RN, KINO COMMUNITY HOSPITAL, DAVID MADRID, NORTHWEST HOSPITAL, EILEEN RIVERA, TUCSON MEDICAL CENTER, CAPT. GENE SHAFER, RIO RICO FD

Recommends clearly labeling the 1st care form as a patient medical record in order to further protect its confidentiality.

BEMS: Confidentiality of a record is a statutory requirement and cannot be established in a rule. Covered in prior comments.

11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:
Not applicable.

12. Incorporations by reference and location in the rules:

-Bloodborne Pathogens 29 CFR § 1910.1030, revised July 1, 1995, and §§ II and IV of "The Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health Care and Public Safety Workers, published by the U.S. Department of Health and Human Services, February 1989

R9-25-301(B)(1)(h) R9-25-401(B)(1)(f)

R9-25-307(D) R9-25-407(E)

-The National Registry of Emergency Medical Technicians Advanced Level Examination Coordinator's Manual, April 1992

R9-25-404(B)(10) R9-25-604(A)

R9-25-407(D)(4)

-The National Registry of Emergency Medical Technicians EMT-Basic Practical Examination User's Guide, undated

R9-25-304(B)(11) R9-25-307(F)(2)(b)(i)

R9-25-306(B)(3)(a)(i) R9-25-307(I)(5)(b)(i)

R9-25-307(C)(4) R9-25-407(B)(3)

-Curricula Approved Pursuant to A.R.S. § 36-2205

R9-25-101(8) R9-25-307(I)(4)(d)

R9-25-101(44) R9-25-101(48)

R9-25-101(56) R9-25-403(B)(1)

R9-25-206(I)(6)(a) R9-25-407(D)(2)

R9-25-207(B)(6) R9-25-407(F)(4)

R9-307(C)(2) R9-25-407(G)(6)

R9-307(E)(6) R9-25-508(A)(2)

R9-307(I)(3)(a) R9-25-608(A)(2)

-Advanced Life Support Refresher and Challenge Curricula - July 22, 1994

R9-25-206(I)(6)(b) R9-25-610(E)

R9-25-407(J)(2) R9-25-611(B)(2)(a)

R9-25-407(K) R9-25-611(E)

R9-25-610(B)(2)(a) R9-25-613(D)(2)

-Arizona Basic EMT Refresher Curriculum - July 22, 1994

R9-25-206(I)(6)(c) R9-25-510(E)

R9-25-307(H) R9-25-511(A)(2)

R9-25-510(A)(2) R9-25-511(E)

-Trauma Patient Management Curriculum - 1996

R9-25-208(A)(2)

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-Arizona Basic Life Support Curriculum - July 22, 1994

R9-25-303(B)(1)(a)	R9-25-307(E)(1)
R9-25-304(B)(5)(l)	R9-25-307(F)(2)(a)(i)
R9-25-304(B)(7)	R9-25-310(C)(1)(c)(iv)
R9-25-307(A)(2)((c)	R9-25-508(A)(1)
R9-25-307(C)(1)	R9-25-508(C)

-Special Skills Curriculum - July 22, 1994

R9-25-303(B)(1)(b)	R9-25-307(I)(3)(b)
R9-25-304(B)(5)(l)	R9-25-307(I)(5)(a)(i)
R9-25-304(B)(8)	R9-25-509(A)(2)
R9-25-511(A)(3)	

-Arizona Advanced Life Support Curricula - July 22, 1994

R9-25-403(B)(1)	R9-25-407(D)(2)
R9-25-403(B)(2)	R9-25-407(F)(1)
R9-25-404(B)(5)(k)	R9-25-407(F)(5)
R9-25-404(B)(7)	R9-25-407(G)(1)
R9-25-406(A)	R9-25-407(H)(3)
R9-25-406(C)(3)(a)(i)	R9-25-410(C)(1)(c)(iv)
R9-25-406(D)(3)(a)(i)	R9-25-608(A)(1)
R9-25-407(D)(1)	R9-25-610(B)(1)(d)
R9-25-611(B)(1)(d)	

-ALS Prehospital Provider Immunization Training Curriculum - July 11, 1994

R9-25-609(1)
R9-25-609(3)(a)

-The National Registry of Emergency Medical Technicians Policy and Procedures Manual - 1992

R9-25-504(A)

13. Was this rule previously adopted as an emergency rule? If so, please indicate the Register citation:
Not applicable.

14. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

ARTICLE 1. DEFINITIONS

R9-25-101. Definitions

ARTICLE 2. ADVANCED LIFE SUPPORT BASE
HOSPITAL CERTIFICATION

R9-25-201. General Requirements
R9-25-202. Application Procedure
Exhibit A. Advanced Life Support Base Hospital Application
for Certification/Recertification
R9-25-203. Denial of Application
R9-25-204. Amendment of the Certificate
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R9-25-206. Base Hospital Authority and Responsibilities
Exhibit B. Procedures/Drug Lists-Minimum Standards for
Emergency Prehospital Care Providers
R9-25-207. Medical Director
R9-25-208. Prehospital Manager
R9-25-209. Base Hospital Physician
R9-25-210. Nurse Intermediary
R9-25-211. Required Records, Reports, and Notifications
R9-25-212. Department Oversight
R9-25-213. Letter of Censure, Probation, Suspension, Revoca-
tion of Certificate

ARTICLE 3. BASIC LIFE SUPPORT TRAINING
PROGRAM CERTIFICATION

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R9-25-301. BLS Training Program Certificate
R9-25-302. Operating Authority
R9-25-303. Medical Director
R9-25-304. BLS Training Program Director
R9-25-305. Instructor
Exhibit F. Instructional Strategies for EMS Instructors
R9-25-306. Preceptor Qualifications
R9-25-307. BLS Training Program Course Requirements
Exhibit H. Basic EMT - Special Skills Vehicular Rotation
Requirements
R9-25-308. Trainee Prerequisites
R9-25-309. Disclosure Documents
R9-25-310. Quality Management Program
R9-25-311. Letter of Censure, Probation, Suspension, Revoca-
tion of Certificate
Exhibit C. Basic Life Support Training Program Application
for Certification/Recertification/Course Approval
Exhibit E. BLS Training Program Course Completion Report

ARTICLE 4. ALS TRAINING PROGRAM CERTIFICATION
EMT-INTERMEDIATE AND EMT-PARAMEDIC

Section
R9-25-401. ALS Training Program Certificate
R9-25-402. Operating Authority
R9-25-403. Medical Director
R9-25-404. ALS Training Program Director
R9-25-405. Course Manager
R9-25-406. Faculty and Preceptor Qualifications
R9-25-407. ALS Training Program Course Requirements
R9-25-408. Trainee Prerequisites
R9-25-409. Disclosure Documents
R9-25-410. Quality Management Program

R9-25-411. Letter of Censure, Probation, Suspension, Revoca-
tion of Certificate
Exhibit I. ALS Training Program Application for Certifica-
tion/Recertification/Course Approval
Exhibit J. ALS EMS Training Program Equipment/Supplies
List
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ARTICLE 5. BASIC LIFE SUPPORT CERTIFICATION

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R9-25-501. Certification Application Requirements
R9-25-502. Applicant Screening Process
R9-25-503. Denial of Application
R9-25-504. Examinations for Initial Certification
R9-25-505. Duration of Certification
R9-25-506. Out-of-state Applicants
R9-25-507. Applicants with Disabilities
R9-25-508. Scope of Practice
R9-25-509. Special Skills Certification
R9-25-510. Recertification Requirements for EMT-Basic
Exhibit P. Recommendation for BLS Recertification
R9-25-511. Recertification for EMT-Basic Special Skills
R9-25-512. Extension of Recertification Applicant Require-
ments
R9-25-513. Inactive Status Due to Temporary Medical Condi-
tion
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R9-25-602. Applicant Screening Process
R9-25-603. Denial of Application
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R9-25-605. Duration of Certification
R9-25-606. Out-of-state Applicants
R9-25-607. Applicants with Disabilities
R9-25-608. Scope of Practice
R9-25-609. Extended Scope of Practice Training Requirements
Exhibit R. Immunization Training Practical Evaluation Form
R9-25-610. Paramedic Recertification Requirements
R9-25-611. Intermediate Recertification Requirements
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ments
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tion
R9-25-614. Downgrading of Certification
R9-25-615. Reporting Requirements
R9-25-616. Enforcement Actions
Exhibit S. Verification of ALS Recertification Requirements
Exhibit G. Class Roster
Exhibit L. Emergency Medical Technician Original Certifica-
tion Application
Exhibit M. Physical Verification Form
Exhibit N. Criminal History Disclosure for EMT Certification
Application
Exhibit O. Emergency Medical Technician Recertification
Application

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Exhibit Q Application for Extension of Certification

ARTICLE 1. DEFINITIONS

R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2202(A), (2), (3), (4), and 36-2204(1)-(7))

In Articles 2 through 6 of this Chapter, unless the context otherwise requires:

1. "Active course roster" means a roster submitted to the Department upon completion of a screening process which indicates all students enrolled in the course.
2. "Addendum roster" means an official course roster submitted to the Department after the official course completion date to add the names of students who completed clinical or vehicular requirements after the official course completion date.
3. "Administrative medical direction for ALS personnel" means supervision of prehospital providers by the base hospital medical director.
4. "Administrative medical direction for EMT-Basic" means supervision of EMT-Basic prehospital providers by a base hospital medical director or basic life support medical director.
5. "Advanced cardiac life support" or "ACLS" means invasive, pharmacologic, or mechanical electrical cardiovascular care.
6. "Advanced cardiac life support instructor" or "ACLS instructor" means an individual who has successfully completed an American Heart Association Advanced Cardiac Life Support Instructor Course and holds a current instructor's card.
7. "Advanced cardiac life support provider" or "ACLS provider" means an individual who has successfully completed an advanced cardiac life support provider course and has demonstrated competency in rhythm interpretation, advanced airway management, peripheral and central intravenous lines, and pharmacologic and mechanical electrical dysrhythmia therapy.
8. "Advanced life support" or "ALS" means those medical treatments, procedures, including assessment, and techniques which may be administered or performed by ALS personnel established pursuant to A.R.S. § 36-2205.
9. "Agency" means an organization that provides prehospital emergency medical services.
10. "ALS personnel" means a paramedic or an intermediate certified under Article 6 of this Chapter.
11. "Basic cardiac life support" or "BCLS" means non-invasive external cardiovascular care.
12. "Basic cardiac life support instructor" or "BCLS instructor" means an individual who has successfully completed a basic cardiac life support instructor course and holds a current instructor's card issued by the American Heart Association, American Red Cross, Red Crescent Association of Canada, National Safety Council, Medic First Aid, or the Save-a-Life Foundation of Tucson, Arizona.
13. "Basic life support" or "BLS" means those medical treatments, procedures, and techniques which may be administered or performed by emergency medical technicians.
14. "Basic life support medical director" means a physician licensed pursuant to A.R.S. Title 32, Chapter 13 or 17, in good standing, who provides administrative medical direction to basic emergency medical technicians.
15. "Challenge course" means a course that prepares and enables specified individuals to apply for and take certification exams in Arizona without repeating an entire training course.
16. "Clinical" means providing direct patient care.
17. "Competency" means ability to perform a skill to the standard of care.
18. "Communication protocols" means written guidelines that provide:
 - a. The circumstances and patient conditions which require on-line medical direction, off-line medical direction, or predetermined medical direction;
 - b. The facility which will exercise on-line medical direction for a given emergency; and
 - c. Backup procedures for communications equipment failure.
19. "Conference/Didactic/Lecture session" means a continuing medical education presentation by an individual or a presentation utilizing printed, electronic, or audiovisual media that incorporates a post training assessment.
20. "Continuing education" means a planned, organized learning experience designed to build upon the educational and experiential bases to enhance practice, education, administration, or research to improve health care to the public.
21. "Current status" means successful completion of a course in advanced cardiac life support or basic cardiac life support training every 2 years.
22. "Department" means the Department of Health Services.
23. "Designed to exclude bias" means a process that prevents discrimination against individuals based on age, race, religion, sex, ethnic or national origin, or disability.
24. "Direct communications" means information and medical direction conveyed by person-to-person, 2-way radio, or telephone conversation.
25. "Distractors" means incorrect answers incorporated into multiple choice test design.
26. "Documented" means a written record.
27. "Emergency medical patient" means an individual who may require immediate prehospital assessment, treatment, transportation, or evaluation by a physician.
28. "Emergency medical service patient contacts" means patients received by a hospital from an EMS agency or patients on whom a field incident report form or 1st care form was initiated.
29. "EMS" means emergency medical services.
30. "EMSCOM" means the emergency medical services communications system operated by the Department of Public Safety.
31. "EMT" means Emergency Medical Technician, including:
 - a. Paramedics (EMT-P),
 - b. Intermediate Emergency Medical Technicians (EMT-I), and
 - c. Basic Emergency Medical Technicians (EMT-B).
32. "Enrolled" means accepted and registered in a course.
33. "Field experience" means prehospital assessment and treatment of patients.
34. "Field incident report form" or "1st care form" means a record of emergency response activities, completed by an EMT, that includes documentation of the prehospital patient assessment, treatment, and transportation if a transport occurs.
35. "Good standing" means current and valid certification or licensure, that is not under order of probation, suspension, or revocation.
36. "Health care provider" means an individual licensed or certified to render medical care to a patient.
37. "Indirect communications" means information and medical direction conveyed by an intermediary from within a certified ALS base hospital.

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38. "Instructor intern" means an individual who assists an instructor in teaching in an EMT training program course and assumes, under direct supervision, the instructional and administrative functions of the course.
39. "Local EMS coordinating system" means an agency responsible for the coordination of a regional EMS system pursuant to A.R.S. § 36-2210.
40. "Medical direction authorities" means a physician, nurse intermediary, physician's assistant, or nurse practitioner, who has attended the base hospital physician's orientation and is designated by the base hospital medical director to render on-line medical direction to prehospital EMS personnel from within a certified ALS base hospital.
41. "Multimedia instruction" means learning activities which have media based format, computer-based format, or on-going serial productions, and which have an evaluative process that has been approved by the participant's medical direction authority.
42. "Official course end date" means the last scheduled day of classes as identified in the course schedule submitted to the Department pursuant to the requirements of Articles 3 or 4 of this Chapter.
43. "Official course roster" means a list of all students who successfully complete a training program course.
44. "Off-line medical direction" means development and approval, by the base hospital medical director, of written treatment protocols which comply with A.R.S. § 36-2205, that authorize prehospital providers to render patient care without on-line medical direction.
45. "On-line medical direction" means supervision of prehospital EMS personnel by medical direction authorities through direct or indirect communications from a certified ALS base hospital.
46. "Pediatric advanced life support provider" means an individual who has successfully completed a pediatric advanced life support provider course and has demonstrated competency in pediatric rhythm interpretation, advanced airway management, peripheral and central intravenous lines, intraosseous infusion, thoracostomy, and pharmacologic and electrical dysrhythmia therapy.
47. "Personal relationship" means a spouse, child, grandchild, parent, grandparent, brother, or sister of the whole or half blood and their spouse, and the parent, brother, or sister of the spouse.
48. "Predetermined medical direction" means development and approval of written protocols by a regional council developed in compliance with A.R.S. § 36-2205, including training and quality assurance components, and made available to the base hospitals.
49. "Prehospital case reviews" means continuing education conducted by the ALS base hospital under the direction of the base hospital medical director and ALS base hospital prehospital manager for the purpose of reviewing and evaluating patient care, and educational and administrative requirements of the prehospital providers assigned to the ALS base hospital.
50. "Prehospital provider" means emergency medical technicians and individuals licensed or certified to render on-scene emergency medical care.
51. "Standing orders" means written orders which authorize prehospital personnel to render certain treatment modalities prior to initiation of direct communication with the ALS base hospital.
52. "Supervised clinical training" means documented experience of an EMT which details the EMT's in-hospital patient care performance supervised by a physician, emergency nurse, or another EMT at the same or higher level of certification.
53. "Supervised vehicular training" means documented experience of an EMT which details the EMT's prehospital patient care performance supervised by a vehicular preceptor.
54. "Tardiness" means arriving after the designated starting time.
55. "Trauma patient management" means a competency based course in prehospital emergency care that includes training in prehospital emergency scene management, trauma patient assessment and treatment, triage standards, emergency transportation criteria, communication, documentation, mechanism of injury, trauma airway management, and shock resuscitation.
56. "Treatment protocols" means prehospital guidelines for utilizing treatments which are adopted pursuant to A.R.S. § 36-2205.
57. "Triage protocols" means prehospital guidelines for the selection of an emergency receiving facility to which emergency patients are transported.
58. "Vehicular preceptor" means a person acting as an agent of a base hospital or training program to observe, evaluate, supervise, or assist EMTs in the performance of skills during vehicular training.
59. "Vehicular preceptor experience" means observing, evaluating, supervising, or assisting EMTs in the performance of skills during vehicular training.
60. "Vehicular ride-along experience" means experience on an emergency vehicle unit to gain prehospital experience and observe the prehospital environment, operational procedures, and performance of EMTs.
61. "Verification" or "verified statement" means a signed document that verifies the validity of statements or claims.

ARTICLE 2. ADVANCED LIFE SUPPORT BASE HOSPITAL CERTIFICATION

R9-25-201. General Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(6))

- A. Each certificate for an advanced life support base hospital shall contain the name and address of the health care institution, health care institution administrator, base hospital medical director, prehospital manager, and the expiration date.
- B. The certificate shall be conspicuously posted in the base hospital.
- C. The certificate is valid only for the location identified on the certificate.
- D. Each base hospital certificate shall be the property of the Department and shall be returned to the Department immediately upon suspension or revocation of the certificate, or upon termination of base hospital services by the health care institution indicated on the certificate.
- E. A certificate is valid for a period of 2 years provided the base hospital complies with the standards established in this Article.
- F. The health care institution shall immediately notify the Department if it receives notice of Medicare termination or a life safety code violation, or is issued a provisional license.
- G. The base hospital shall not operate without a medical director and prehospital manager who meet the qualifications established in these rules.

R9-25-202. Application Procedure (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6))

- A. Application for certification and recertification shall be made

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on a form provided by the Department as shown in Exhibit A. Submission of the application shall constitute permission for a representative from the Division of Emergency Medical Services to audit the applicant's qualifications, as established in this Article.

B. Initial application: The applicant shall submit the following documentation to the Department with the initial application form:

1. A copy of its current Arizona health care institution license;
2. Written endorsement of the application by the hospital's governing board or board of trustees;
3. The curriculum vitae of the base hospital medical director;
4. The curriculum vitae of the prehospital manager;
5. A list of all base hospital physicians, nurse intermediaries, physician's assistants, and nurse practitioners responsible to provide prehospital medical direction;
6. A letter of intent between the applicant and an agency that employs emergency medical technicians, who require medical direction, for the applicant to serve as the agency's base hospital after certification is obtained;
7. A verified statement that the applicant shall assure the physical presence of a base hospital physician in the hospital, to be immediately available to the emergency department to provide on-line medical direction 24 hours a day, 7 days a week;
8. In regions in which a local emergency medical services coordinating system operates, the applicant may request and submit a written recommendation for certification as a base hospital from the local emergency medical services coordinating system.

C. Recertification application

1. The applicant shall submit the recertification application to the Department at least 60 days prior to the expiration date of its current certificate.
2. The applicant shall submit the following documents with the recertification application form:
 - a. A copy of its current license as a health care institution;
 - b. Written endorsement of the application by the hospital's governing board or board of trustees; and
 - c. Written verification that the information contained in subsections (B)(3) through (7) remains unchanged; or, documents required by subsections (B)(3) through (7) that have changed since submission of the last certification application.

D. Department Audit: Subsequent to the submission of an application for certification or recertification, the Department shall conduct an audit according to the following procedures:

1. The Department shall verify that the agreements, policies, procedures, plans, programs, equipment, and standards required by R9-25-206 are in place and satisfy the requirements of the rule and that the equipment is operational;
2. The Department shall verify that the information contained in the application and that the base hospital staff meet the requirements and qualifications of this Article;
3. The Department shall notify the applicant in writing of any deficiencies;
4. The applicant shall correct any deficiencies within 30 days of receipt of the Department's written notice of deficiencies;
5. The applicant shall submit to a re-audit to verify correction of deficiencies at the discretion of the Department.

EXHIBIT A

*Arizona Department of Health Services
Emergency Medical Services*

*Advanced Life Support Base Hospital
Application for Certification/Recertification*

Name of licensed health care facility applying for certification:

Address of the facility:

Address

City

County

Zip

Administrator's name and phone number:

Name

Phone number

Base Hospital Medical Director's name and phone number:

Name

Phone number

Prehospital Manager's name and phone number:

Name

Phone number

I hereby verify that: (1) All information contained on this application and supporting documentation is true and accurate; (2) I have the authority to act on behalf of, and legally bind, the named agency as applicant; (3) All documentation as required in Arizona Administrative Code R9-25-202 are attached hereto.

Signature _____ Title _____ Date _____

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R9-25-203. Denial of Application (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6))

The director shall deny the application if the applicant:

1. Failed to conform to the requirements of this Chapter;
2. Filed information that could not be verified.

R9-25-204. Amendment of the Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(6))

A. The base hospital shall submit to the Department a written request to amend its certificate after a change of address, change in health care institution administrator, base hospital medical director, or prehospital manager. The request shall be received by the Department no more than 30 days after the change has occurred.

B. The application shall include:

1. For a change of address, notification of the new address and the effective date of the relocation;
2. For a change in health care institution administrator, the name of the new administrator and the effective date of employment;
3. For a change in base hospital medical director or prehospital manager, the name of the new medical director or prehospital manager, a curriculum vitae, and the effective date of employment.

C. The Department shall issue an amended certificate upon notification of a change of address or change of health care institution administrator. The Department shall issue an amended certificate containing the name of the new medical director or prehospital manager provided the candidate satisfies all required qualifications.

R9-25-205. Transfer of Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6))

A. The health care institution may transfer the base hospital certificate if ownership of the institution changes. The transferee shall not begin operation as a base hospital until it receives written notice from the Department that the transfer is approved.

B. The health care institution shall submit an application to the Department at least 60 days prior to the date on which the transfer will occur, that contains:

1. The name of the transferee;
2. The date of the proposed transfer;
3. Verification that the health care institution administrator, base hospital medical director, and prehospital manager shall remain the same; or, the names of the new administrator, base hospital medical director, and prehospital manager, and a curriculum vitae of the new medical director and prehospital manager; and
4. Verification from the transferee that it has received and shall comply with the rules governing the base hospital operation.

C. The Department shall transfer the certificate without a hearing if the application is complete and the medical director and prehospital manager satisfy the qualifications established in this Article. The certificate shall expire on the expiration date of the certificate that was transferred.

D. The Department shall deny an application that is incomplete or if the medical director or prehospital manager do not satisfy the qualifications established in this Article. The applicant may request a hearing to have the denial reviewed. The request shall be made in writing and shall be filed with the Department's Office of Administrative Counsel within 30 days of receipt of denial.

E. The health care institution may correct the deficiencies identified and may resubmit an application to transfer a certificate.

R9-25-206. Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(6))

A. A certified base hospital shall provide:

1. Administrative medical direction to emergency medical technicians who require medical direction;
2. On-line medical direction to emergency medical technicians who require medical direction;
3. Continuing education that meets the standards established in R9-25-510, R9-25-610, and R9-25-611. Prior Department approval is not required.

B. A certified base hospital may:

1. Provide advanced skills training and ALS and BLS Refresher Training if it meets the standards established in subsection (I).
2. Utilize Nurse Intermediaries according to the standards established in R9-25-210.

C. Supporting Service Agreement: The Base Hospital shall execute a written contract with an agency which employs emergency medical technicians in a prehospital setting. The contract shall:

1. Require the base hospital to provide both administrative and on-line medical direction to the prehospital emergency medical technicians who are employed by the agency.
2. Be reviewed and updated yearly. The Base Hospital shall maintain written verification that the yearly review and update was performed.
3. Contain an addendum or exhibit that lists the name of each emergency medical technician assigned to the base hospital.
4. Require the agency to verify that only emergency medical technicians with current certification are assigned to the base hospital.
5. Require the agency to notify the base hospital in writing within 30 days of any termination or transfer of an emergency medical technician, or of any addition of an emergency medical technician to the base hospital for medical direction. The notification shall include the name, certification expiration date of the emergency medical technician, and the effective date of employment, transfer, or termination.
6. Require the base hospital to provide and replenish drug box items.
7. Contain a provision that restricts the items included in the drug box to those identified in Exhibit B.
8. Contain a provision that requires adherence to the drug box implementation procedures contained in Exhibit B.
9. Establish a procedure to replace disposable, medical, and pharmaceutical supplies for the contracted provider agency after patient care has been terminated by the agency.
10. Contain a provision that assures the disposal of contaminated waste meets federal and state requirements.
11. Contain a provision that adopts a conflict resolution procedure specific to the agency that:
 - a. Investigates and resolves patient, physician, prehospital manager, and nurse intermediary complaints about the agency, its procedures, and agency personnel; and,
 - b. Investigates and resolves agency complaints about the base hospital, its procedures, the medical director, emergency physicians, nurse intermediaries, prehospital manager, or other base hospital personnel.
12. Require the agency to have working communication

equipment that allows base hospital medical direction communication with emergency medical technicians in the field.

13. Contain a provision that establishes:

- a. Written procedures to withdraw or suspend medical direction;
- b. Written medical direction requirements for the emergency medical technicians; and
- c. Written procedure for notifying the employing agency and the emergency medical technician of the withdrawal or suspension of medical direction.

D. The Base Hospital and the agency shall jointly develop and implement:

- 1. Written policies and procedures that all emergency medical technicians must follow. These policies and procedures shall include:
 - a. The form and content of required documentation for each emergency medical service incident;
 - b. The procedures that each category of emergency medical technician must follow in patient assessment;
 - c. Communication procedures for requesting, providing, and receiving medical direction;
 - d. A plan to provide patient outcome data to the agency with a supporting service agreement that protects confidentiality and considers budget constraints; and
 - e. A requirement for all prehospital medical personnel, operating under predetermined medical control and off-line medical control, to notify the receiving facility prior to arrival.
- 2. A written quality improvement plan that shall include:
 - a. At least 1 continuing quality improvement committee representative from each agency. One representative shall be from each level of certified emergency medical technicians for which the base hospital provides medical direction. The committee shall meet at least semi-annually, keep regular meeting minutes, evaluate complaints, develop continuing education courses, cooperatively work on quality management issues, and provide updates on prehospital issues which affect the base hospital or agencies with supporting service agreements with the base hospital.
 - b. A yearly requirement that the medical director, prehospital manager, physicians, nurses, all base hospital staff, and prehospital personnel complete a documented review of all new, modified, and deleted base hospital protocols or procedures.
 - c. Documented review by all medical direction authorities and prehospital personnel of all protocols and procedures which shall be done every 2 years in conjunction with the base hospital certification.
 - d. A system to review the following categories of prehospital patient encounters to assure that both prehospital and base hospital personnel followed established protocols and base hospital procedures:
 - i. Monthly random reviews of 5% of refusals to treat, to a maximum of 100 reviews per month;
 - ii. All code arrests;
 - iii. All "do not resuscitate" cases; and
 - iv. Monthly random reviews of 5% of advanced life support encounters, to a maximum of 1000 reviews per year, with a minimum of 30 encounters reviewed per quarter.
 - e. A process and documentation procedure to develop a corrective action plan when review of cases indi-

cates a lapse in following protocol or procedure.

- 3. A process for EMTs assigned to the base hospital to follow for submission of recertification applications to the base hospital prior to filing with the Department.
- 4. A written process for evaluating the prehospital activities of each EMT to assess the EMT's competency. The process shall require this evaluation to be completed prior to signing the application supporting recertification. The process shall also permit the base hospital medical director to elect to have the EMT-P or EMT-I pass an examination approved by the Department as a prerequisite to recertification if the medical director makes the request in writing submitted with the application. The process shall require the base hospital medical director to specify if the EMT-P or EMT-I recertification examination shall contain a written component, practical component, or both components.

E. The base hospital shall establish an orientation program for the medical director, prehospital manager, nurse intermediaries, and base hospital physicians, that includes:

- 1. Review of emergency medical service treatment and triage guidelines, policies, and procedures;
- 2. Review of communication equipment available at the base hospital;
- 3. Review of prehospital personnel levels of certification and treatment and patient care capabilities;
- 4. Review of prehospital continuing quality improvement policies;
- 5. Review of prehospital policy if concerns are identified or complaints are received about the base hospital;
- 6. Review of Department rules, protocols governing prehospital treatment, and the drug box list;
- 7. Review of the state and regional emergency medical service system; and
- 8. Review of the base hospital continuing education requirements for nurse intermediaries and base hospital physicians employed at or assigned to the base hospital.

F. The base hospital shall:

- 1. Assure that all emergency physicians who provide on-line medical direction to prehospital personnel meet the requirements established in R9-25-209;
- 2. Assure that all newly appointed medical direction authorities complete the orientation program within 30 days of their appointment; and
- 3. Assure that all medical direction authorities document and review all updated or modified protocols on a yearly basis.

G. The base hospital shall provide the necessary communications equipment.

- 1. The radio equipment shall be operational and compatible with the Arizona Department of Public Safety EMS/COM communications system or a local EMS communication system with a frequency and list of channels approved by the Department of Public Safety. The base hospital shall have communications equipment approved by the Department of Public Safety and be compatible with that of the prehospital emergency medical service agency.
- 2. The equipment shall be operational at all times and be located in the emergency department permitting direct communication with emergency medical service personnel.
- 3. The base hospital shall provide a dedicated telephone line to enable emergency prehospital care personnel to contact the base hospital directly.
- 4. All telephone and radio communication between the base hospital and prehospital emergency medical service per-

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sonnel for the purpose of medical direction shall be recorded. The recording shall be kept for a minimum of 3 months. Should the medical director or prehospital manager identify a potential problem with the prehospital provider's reporting or if a review is required according to the Continuing Quality Improvement Plan, the base hospital shall keep the tape a minimum of 24 months from the date of the potential problem or required review. The tape may be destroyed if the base hospital makes a written report of the event. The base hospital shall maintain the written report for a minimum of 24 months from the date of the potential problem or required review.

5. Requirements for the use of biotelemetry equipment may be established by the advanced life support base hospital medical director in the medical control plan for the base hospital.
- H. The base hospital shall establish the following communication procedures:
 1. Provisions to notify a receiving facility of an incoming patient if notification has been made to the base hospital rather than the receiving facility.
 2. A written plan for alternative communications with field personnel in the event of disaster, communication equipment breakdown or repair, power outage, or malfunction.
- I. The base hospital shall provide education and training.
 1. The base hospital shall provide 24 clock hours of continuing education per year that may be offered over a 9- to 12- month period.
 2. The courses shall follow the Department's requirements for continuing education for each level of EMT as described in Articles 5 and 6.
 3. The base hospital shall provide training for any new Department approved required treatment, protocol, or drug within 90 days of receiving notification from the Department that the training has been adopted in rule.
 4. The base hospital shall provide facilities, equipment, and audio-visual aids for the continuing education required by this rule.
 5. The base hospital shall include prehospital case reviews in the 24 clock hours of continuing education per year. Prehospital case reviews may be incorporated into didactic or clinical skills. The base hospital shall require the review to be prepared under the direction of the prehospital manager and medical director.
 6. The ALS Base Hospital may:
 - a. Provide advanced training that meets the following curriculum standards approved pursuant to A.R.S. § 36-2205 and published by the Arizona Department of Health Services, Emergency Medical Services,

1651 E. Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of state. This incorporation by reference contains no future editions or amendments:

- i. Transcutaneous External Pacer (TEP) Procedure Training Curriculum, dated October 5, 1992; and
- ii. Administration of Rectal Valium Procedure Training Curriculum, dated October 5, 1992; and
- iii. Automatic Transport Ventilators Treatment Protocol and Training Curriculum, dated May 13, 1993; and
- iv. Intraosseous Infusion (I.O.) Procedure Training Curriculum, dated July 1, 1992; and
- v. Prehospital Blood Glucose Testing Procedure Training Curriculum, dated March 3, 1993.
- b. Provide ALS Refresher training that meets the requirements of the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, published by and available at the Arizona Department of Health Services, Emergency Medical Services, 1651 E. Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments. The ALS Base Hospital shall comply with all provisions of R9-25-403, R9-25-404(B), R9-25-406(A), R9-25-407(C), (E), (K), and (L), and R9-25-410.
- c. Provide BLS Refresher training that meets the requirements of the Arizona Basic EMT Refresher Curriculum, dated July 22, 1994, published by and available at the Department of Health Services, Emergency Medical Services, 1651 East Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments. The ALS base hospital shall comply with all provisions of R9-25-303, R9-25-304(B), R9-25-305, R9-25-307(B), (D), (H), (I), and (J), and R9-25-310.
- J. Drug Control. The base hospital shall:
 1. Establish a written drug box security plan and documentation system; and
 2. Develop a written narcotic wastage plan.

EXHIBIT B
PROCEDURES/DRUG LISTS
MINIMUM STANDARDS FOR
EMERGENCY PREHOSPITAL CARE PROVIDERS

Drug Box procedures for use by certified EMT-Is and EMT-Ps have been recommended by the Medical Direction Commission and adopted by the Director, Arizona Department of Health Services, pursuant to A.R.S. § 36-2203.01 and § 36-2205 and Arizona Administrative Code R9-25-608. A.R.S. § 36-2205 provides that EMT-Is and EMT-Ps may "render such medications only under the direction of a physician." Physician direction is defined as occurring via either direct communication (person to person, 2-way radio, or telephone conversation) or indirect communication (conveyed by an intermediary or acting upon approved Standing Orders). Use and/or maintenance of a drug box by emergency prehospital care personnel without this level of physician direction is prohibited.

Periodic modifications of the drug list may include new drugs which will require additional training of the emergency prehospital care personnel. Each certified ALS Base Hospital's Medical Director shall have the responsibility for implementing the provision of this training.

A. GENERAL PROVISIONS

1. A drug may be administered by emergency prehospital care personnel only by order of an emergency physician via direct or indirect communication or when following approved Standing Orders. When ordering a controlled substance, an emergency physician is responsible for signing a verification of the telemetry order for delivery to the pharmacy of the receiving hospital within 72 hours after order.
2. Drug box contents shall be issued by the base hospital pharmacy to currently certified ALS EMTs or eligible nurses.
 - a. Drug box contents are part of the issuing pharmacy's inventory and records of accountability.
 - b. On-duty emergency prehospital care personnel to whom drug boxes are issued act as agents of the EMS Providers who shall be responsible for the box and shall be accountable to the pharmacy for its contents.
3. An EMS Provider agency shall be responsible for monitoring recognition of drug expiration dates, evidence of drug deterioration, damage to containers, and illegible labels with timely notification to the issuing pharmacy.
4. EMS Providers shall be responsible for the security and environmental control of the in-house and on-vehicle storage of a drug box and its contents. Drug box storage in vehicles shall be in a secured compartment.
5. EMS Providers shall be responsible for recording shift assignment of the box to in-coming duty personnel. Record of box contents inspection shall be made prior to an individual assuming accountability for the drug box.
6. When discrepancies of contents are found, i.e., tampered or broken containers, missing drugs, etc., immediate notification shall be made to the duty supervisor and to the issuing pharmacy for corrective action. An incident report shall be filed with the issuing pharmacy, as necessary. Any incident involving Class II drugs shall be reported to appropriate investigative agencies (State Board of Pharmacy, DPS Division of Narcotics, Drug Enforcement Administration) having jurisdiction over controlled substances.
7. All drug administrations shall be recorded on the patient's encounter form and a copy filed with the patient's record and receiving hospital's pharmacy.
8. Each medical facility issuing drug boxes to prehospital care personnel shall develop policy addressing drug box in-house security, issue documentation, and for agent accountability.
9. EMS Providers having supporting service agreements with ALS Base Hospitals shall acquire and use drug boxes having specifications mutually agreeable between the EMS Provider, the ALS Base Hospital Prehospital Care Committee, and the Pharmacy.
10. An EMS Provider shall acquire sufficient drug boxes to meet peak emergency response demands within its service area.
11. A common drug box may be used by emergency prehospital care providers. The drug box shall be supplied with all authorized EMS drugs. Administration of drugs shall be limited to those designated for the appropriate skill level of the care provider.

B. EXCHANGE PROCEDURES

1. An ALS Base Hospital whose policy mandates a drug box-for-drug box exchange shall be supplied with sufficient numbers of boxes by the EMS Provider in order to expedite box-for-box exchange.
2. An ALS Base Hospital whose policy allows drug-for-drug exchange shall document such exchanges on appropriate record forms issued by the Pharmacy.
3. Drug-for-drug restocking from air transport unit resources is optional depending upon anticipated circumstances to transport to a health care facility. All exchanges shall be identified on the patient's encounter form.

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4. Allow EMS Providers having supporting service agreements with ALS Base Hospitals an appropriate mechanism, as authorized by a medical control authority, for replacement of medications provided to a patient transported to a receiving facility without capability for replacement of approved EMS medications.

C. DRUG BOX

1. Guidelines for approval of an appropriate device for conveying EMS drugs are:
 - a. Container to be washable.
 - b. Exterior identifiable as to skill level.
 - c. Securing device may be applied.
 - d. Container to accommodate drugs and quantities of current drug list.
 - e. Have appropriate mechanism for internal location and identification of drugs.
 - f. Capable of compartmentalization.

D. DRUG SUPPLY STANDARDS

1. Supply of each agent appearing on the approved Drug List shall be the standard amount to be carried in the Drug Box.
2. An EMS Provider shall be allowed to carry additional quantities of a drug to satisfy specific needs of the local service area.
3. An EMS Provider shall submit a written request for OEMS approval to carry supplies in excess of standard amounts.
4. Controlled substances shall not be subject to supply flexibility.

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EMT-P DRUG LIST

APPROVED BY MEDICAL DIRECTION COMMISSION, January 1996

AGENT	CONCENTRATION	STANDARD SUPPLY
ADENOSINE	6 mg/ 2 ml	5
ALBUTEROL SULFATE (SULFITE FREE)**	2.5 mg/3 ml NS	2
AMINOPHYLLINE	500 mg/20 ml	2
ASPIRIN, PEDIATRIC CHEWABLE	80 mg (INDEPENDENT DOSE)	4
ATROPINE	1 mg/10 ml	3
ATROPINE	8 mg/20 ml	1
BRETYLIUM	500 mg/10 ml	3
CALCIUM CHLORIDE	1 gm/10 ml	2
CHARCOAL, ACTIVATED*	25 gm	4
DEXTROSE	25 gm/50 ml	2
DIAZEPAM	10 mg/2 ml	2
DIPHENHYDRAMINE	50 mg/1 ml	2
DOPAMINE HCL	400 mg/5 ml (PREMIX/DSW OPTIONAL)	2
EPINEPHRINE (1:1,000 SOL)	1 mg/1 ml	30 ml
	1 mg/1 ml	2
EPINEPHRINE (1:10,000 SOL)	1 mg/10 ml	6
FUROSEMIDE	40 mg/4 ml	4
GLUCAGON	1 mg/1 ml	2
ISOETHARINE**	1% 0.5 ml with 3-5 ml NS	2
	(PREMIX OPTIONAL FOR NEBULIZATION)	
LIDOCAINE IV	100 mg/5 ml	3
LIDOCAINE IV	1 gm/25 ml	2
LIDOCAINE IV	2 gm/500 ml (PREMIX/DSW OPTIONAL)	1
MAGNESIUM SULFATE	1 gm/2 mL	2
METHYLPREDNISOLONE SOD. SUCCINATE	125 mg	1
MORPHINE SULFATE	10 mg/1 ml	2
NALOXONE	0.4 mg/1 ml	10 mg
	1 mg/1 ml	
NIFEDIPINE	10 mg (ORAL CAPSULE)	4
NITROGLYCERIN (NITROSTAT TABLETS)	0.4 mg tab/25 in bottle	1
*May be excluded as "in-box" item	** Administer by nebulizer	
OXYTOCIN	10 units/1 ml	2
PHENYLEPHRINE (NEO-SYNEPHRINE NASAL SPRAY)	0.5% 15 ml	1
SODIUM BICARBONATE	50 mEq/50 ml	3
THIAMINE	100 mg/1 ml	1
VERAPAMIL	5 mg/2 ml	2
NITROUS OXIDE (NITRONOX)(Nitrous oxide 50% / Oxygen 50% fixed ratio with O2 fail safe device with	

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	self-administration mask. Optional)	
SYRINGES:	1 ml (TB 25 g)	2
	3 ml	4
	10-12 ml	4
	20 ml	2
	50-60 ml	2
FILTER NEEDLES:	5 micron 19 g 1 1/2"	3
NON-FILTER NEEDLES		Assorted
INTRAVENOUS SOLUTIONS: (Bulk restricts inclusion of all fluids in Drug Box)		
DEXTROSE, 5% IN H2O	250 ml BAG	1
L RINGER'S/NORMAL SALINE	1 L BAGS	8 L
NORMAL SALINE	250 ml Bag	3
NORMAL SALINE	50 ml Bag	2
SALINE 0.9% lock	1 ml fluid flush	5

EMT-I DRUG LIST

Approved by Medical Direction Commission, January 1996

AGENT	CONCENTRATION	STANDARD SUPPLY
ALBUTEROL SULFATE (SULFITE FREE)	2.5 mg/3 ml NS	2
ASPIRIN, PEDIATRIC CHEWABLE	80 mg (INDEPENDENT DOSE)	4
ATROPINE	8 mg/20 ml	1
CHARCOAL, ACTIVATED*	25 gm	4
DEXTROSE	25 gm/50 ml	2
DIAZEPAM	10 mg/2 ml	2
DIPHENHYDRAMINE	50 mg/1 ml	2
EPINEPHRINE (1:1000 SOL)	1 mg/1 ml	2
FUROSEMIDE	40 mg/4 ml	4
GLUCAGON	1 mg/1 ml	2
ISOETHARINE** (NEBULIZATION)	1% 0.5 ml with 3-5 ml NS	2 (PREMIX OPTIONAL FOR
METHYLPREDNISOLONE	125 mg	1
MORPHINE SULFATE	10 mg/1 ml	2
NALOXONE	0.4 mg/1 ml	10 mg
	1 mg/1 ml	
PHENYLEPHRINE (NEO-SYNEPHRINE NASAL SPRAY)	0.5% 15 ml	1
NITROGLYCERIN (NITROSTAT TABLETS)	0.4 mg tab/25 in BOTTLE	1
OXYTOCIN	10 units/1 ml	2
SODIUM BICARBONATE	50 mEq/50 ml	3
THIAMINE	100 mg/1 ml	1
NITROUS OXIDE (NITRONOX)	(Nitrous oxide 50% / Oxygen 50% fixed ration with O2 fail safe device with self-administration mask. Optional)	

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*May be excluded as "in-box" item

** Administer by nebulizer

SYRINGES:

1 ml (TB 25 g)

2

5 ml

2

10 ml

2

20 ml

2

FILTER NEEDLES

5 micron 19 g 1 1/2"

3

NON-FILTER NEEDLES

Assorted

INTRAVENOUS SOLUTIONS: (Bulk restricts inclusion of all fluids in Drug Box)

DEXTROSE, 5% IN H2O

250 ml BAG

1

L RINGER'S/NORMAL SALINE 1 L BAGS

8 L

NORMAL SALINE

250 ml BAG

3

SALINE 0.9% lock

1 ml fluid flush

5

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INTRAVENOUS INFUSIONS TO BE MONITORED BY APPROPRIATE LEVEL OF EMT PERSONNEL

IV INFUSIONS	EMT-B-IV	EMT-I	EMT-P	INFUSION PUMP
AMINOPHYLLINE		X		X
ANTIBIOTICS	X	X		
ANTIARRHYTHMICS:				
PHENYTOIN			X	X
PROCAINAMIDE			X	X
BRETYLIUM			X	
BLOOD			X	
CALCIUM CHLORIDE			X	
COLLOIDS:				
DEXTRAN; HETASTARCH;				
HUMAN SERUM; ALBUMIN;		X	X	
MANNITOL; PLASMANATE				
CORTICOSTEROIDS		X	X	
CRYSTALLOIDS (> USUAL/CUSTOMARY)			X	
DIURETICS			X	
DOPAMINE			X	X
ELECTROLYTE ADDITIVES (>USUAL/CUSTOMARY)			X	
EPINEPHRINE			X	X
HEPARIN			X	X
ISOPROTERENOL			X	X
LIDOCAINE			X	X
MAGNESIUM			X	X
MORPHINE SULFATE		X	X	X
NITROGLYCERINE			X	X
OXYTOCIN		X	X	
PHENOBARBITAL			X	X
SODIUM BICARBONATE		X	X	
DRUG BOX SOLUTIONS AND AGENTS OF AUTHORIZED SKILL LEVELS		X	X	
VITAMINS		X	X	
WATER/ELECTROLYTES (COMMERCIAL PREPS)X		X	X	

COMMENTS: Electrolyte Additives and Crystalloid Solutions - To meet specific patient needs, supplemental additives frequently are made above the "usual and customary amounts" to "commercial preparations". The transferring facility should evaluate the ordered solutions and additives prior to turning a patient over to the care of appropriate certified EMT personnel for transfer.

R9-25-207. Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3), and (4), and 36-2204(5), and (6)).

A. Qualifications. The medical director shall:

1. Be currently licensed in good standing in the state of Arizona as a physician pursuant to A.R.S. Title 32, Chapter 13 or 17;
2. Be board certified in Emergency Medicine by the American Board of Emergency Medicine or the American College of Osteopathic Emergency Physicians; or maintain current provider status in:
 - a. Advanced Cardiac Life Support;
 - b. Advanced Trauma Life Support according to the American College of Surgeons Committee on Trauma; and
 - c. Pediatric Advanced Life Support or American College of Emergency Physicians' pediatric advanced life support.
3. Provide a verified statement indicating at least 24 clock hours teaching experience in prehospital medicine;
4. Have at least 2000 hours of clinical or administrative time in emergency medicine within the 24 months prior to the appointment; and
5. Not be a base hospital medical director for more than 1 health care institution simultaneously.

B. Responsibilities. The medical director shall:

1. Spend at least 2000 hours of clinical or administrative time every 24 months in Emergency Medicine.
2. Coordinate the base hospital emergency medical services system, administrative medical direction, on-line medical direction, and administrative medical direction of the advanced life support base hospital staff.
3. Complete, within 1 month of beginning employment, the base hospital physician orientation program.
4. Every 24 months sign a verified statement that the medical director has reviewed the base hospital physician orientation program assuring that it meets with the standards of R9-25-206(E) and (F).
5. Provide at least 8 hours per year of continuing education for base hospital personnel assigned to the base hospital. This may be in didactic presentation, skills training, individual counseling about prehospital documentation, run review, patient care, patient assessment, or prehospital procedures and skills.
6. Institute protocols adopted pursuant to A.R.S. § 36-2205.
7. Assure that the prehospital manager maintains yearly written verification confirming his or her review of:
 - a. Prehospital emergency medical services personnel update and of any modified policies and procedures.
 - b. The medical control plan for the base hospital which includes the following:
 - i. Local, regional, and state treatment protocols;
 - ii. Local, regional, and state triage protocols;
 - iii. Local and regional communication protocols.
8. Assure that all medical direction authorities and prehospital personnel review all protocols and procedures every 2 years in compliance with R9-25-206(D)(2)(c).
9. Review, approve, and implement the continuing quality improvement plan that meets the standards established in R9-25-206(D)(2).
10. Establish, review, approve, and implement a plan for evaluating the performance of emergency medical technicians that meets the standards established in R9-25-206(D)(3) and (4).
11. Monitor the performance of all prehospital emergency medical service personnel assigned to the base hospital to insure complete patient assessment and documentation.

This review shall be conducted according to the quality improvement plan established pursuant to R9-25-206(C).

R9-25-208. Prehospital Manager (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6)).

A. Qualifications. The prehospital manager shall:

1. Be a registered nurse currently licensed in good standing in the state of Arizona.
2. Prior to appointment, have completed a course in advanced cardiac life support, and the Trauma Patient Management Curriculum, dated 1996, published by the Arizona Department of Health Services, Emergency Medical Services, 1651 E. Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of state. This incorporation by reference contains no future editions or amendments.
3. Within 6 months of appointment, shall have completed a course in pediatric advanced life support.
4. Have worked at least 2000 hours in emergency prehospital or critical care, with at least 120 hours in the 12 months prior to appointment.
5. Have at least 24 hours of teaching experience in prehospital medicine to 1st responders, basic life support personnel, advanced life support personnel, nurses, or physicians within the 36 months prior to appointment.

B. Responsibilities. The prehospital manager shall:

1. Complete a course in advanced cardiac life support and pediatric advanced life support every 24 months.
2. Work at least 1000 hours of clinical, critical care, or administrative time in emergency or prehospital nursing every 2 years.
3. Complete the base hospital orientation program within 30 days after beginning employment and yearly thereafter.
4. Maintain yearly written verification confirming review and understanding of:
 - a. Prehospital emergency medical services personnel policies and procedures; and
 - b. Medical control plan for the base hospital which includes the elements established in R9-25-206(E).
5. Prepare for and participate in the review of prehospital case reviews.
6. Study and evaluate prehospital emergency medical service safety and efficacy using patient outcome data of patients treated at the base hospital.
7. Participate in establishing and coordinating the Continuing Quality Improvement Plan required by R9-25-206(D)(2).
8. Participate in establishing and coordinating the plan adopted pursuant to R9-25-206(D) to provide for recertification competency of the emergency medical service personnel assigned to the base hospital.
9. Document and review compliance with continuing education requirements of all levels of emergency medical technicians, nurse intermediaries, and base hospital physicians employed by or assigned to the base hospital.
10. Participate in local and state emergency medical service system design and development.

R9-25-209. Base Hospital Physician (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6)).

A. Qualifications. The Base Hospital Physician shall be licensed in good standing in the state of Arizona as a physician pursuant to A.R.S. Title 32, Chapter 13 or 17; and be board certified, or board eligible, in Emergency Medicine by the American Board of Emergency Medicine or the American College of Osteopathic Emergency Physicians, or maintain

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provider status in:

1. Advanced Cardiac Life Support;
2. Advanced Trauma Life Support according to the American College of Surgeons Committee on Trauma; and,
3. Pediatric Advanced Life Support according to the American Heart Association or the American College of Emergency Physicians.

B. Responsibilities. The Base Hospital Physician shall:

1. Be responsible for medical direction of prehospital emergency medical technicians and base hospital staff.
2. Complete the base hospital orientation program within 30 days after beginning employment at the base hospital.
3. Sign and provide the base hospital medical director with a yearly verified statement confirming review and understanding of:
 - a. State, Regional, and Local Treatment and Triage Protocols;
 - b. Regional and Local Communication Protocols;
 - c. The base hospital policies and procedures for pre-hospital personnel; and,
 - d. Base hospital physician requirements.
4. Complete 24 clock hours of the requirements in R9-25-209(B)(5) within the 1st year as a base hospital physician, 12 of which shall be within the 1st 3 months after appointment.
5. Complete 24 clock hours of base hospital continuing education or vehicular experience every 24 months, in any combination of the following:
 - a. Ride-along vehicular time observing prehospital care. One hour of ride-along time equals 1 hour of continuing education.
 - b. Prepare and teach prehospital continuing education. Each 1 hour session of prehospital continuing education teaching equals 4 hours of continuing education.
 - c. Participate in prehospital continuing education that meets the requirements of R9-25-510 or R9-25-610 or both. One hour of participation equals 3 hours of continuing education.
 - d. Participation in base hospital administrative activities necessary to meet the requirements for base hospital certification pursuant to this Article. One hour of participation equals 2 hours of continuing education.

R9-25-210. Nurse Intermediary (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6)).

A. Qualifications. The Nurse Intermediary shall:

1. Be a registered nurse currently licensed in good standing in the state of Arizona.
2. Have completed a course in advanced cardiac life support within the last 24 months prior to appointment.
3. Have completed the base hospital orientation program.

B. Responsibilities. The Nurse Intermediary shall:

1. Receive information from the prehospital emergency medical technicians and relay on-line medical direction from the base hospital physician to the prehospital emergency medical technicians.
2. Maintain current status as an advanced cardiac life support provider.
3. Maintain yearly written verification which confirms:
 - a. Review of prehospital emergency medical services personnel policies and procedures of the base hospital.
 - b. Review of medical control plan for the base hospital which includes the elements required by R9-25-206(E).

- c. Compliance with continuing education requirements of nurse intermediaries in accordance with R9-25-209(B)(4) and (5).

R9-25-211. Required Records, Reports, and Notifications. (Authorized by A.R.S. §§ 36-2202 (A)(3) and (4), and 36-2204 (5) and (6)).

The base hospital shall:

1. Maintain written verification of the base hospital's annual review of the supporting service agreements.
2. Notify the Department in writing within 30 days of executing or terminating a supporting service agreement.
3. Notify the Department in writing within 30 days of any termination, withdrawal, or suspension of medical direction from an emergency medical technician. The base hospital shall provide concurrent copies of these notifications to the affected EMT and the employing agency.
4. Verify and maintain on file documentation that the medical director, prehospital manager, base hospital physicians, and nurse intermediaries attend the base hospital orientation program required by R9-25-206(E).
5. Provide the Department with a copy of recorded prehospital communications required by R9-25-206(G) and any documentation or verification required by this Chapter if requested in writing by the Department.
6. Maintain a file documenting satisfaction of the medical director and prehospital manager qualifications listed in R9-25-207(A) and R9-25-208(A).
7. Maintain written verifications of the requirements listed in R9-25-207(A) and (B) and R9-25-208(A) and (B).

R9-25-212. Department Oversight (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(6)).

- A. Issuance of the certificate granting base hospital status authorizes the Department to review, at any time, the required documents, verifications, policies and procedures, personnel qualifications, equipment, and operation of the base hospital.
- B. The Department may attend, without prior notification, any continuing education session offered by the base hospital.

R9-25-213. Letter of Censure, Probation, Suspension, Revocation of Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(6) and (7)).

- A. The Director may issue a letter of censure, place on probation, suspend, or revoke an advanced life support base hospital certification, in whole or in part, if any of its owners or operators, officers, agents, or employees:
 1. Violate any of the rules in this Article;
 2. Submit information required by this Article that they knew, or should have known, was false; or
 3. Refuse Department personnel the right to inspect any facility, equipment, or document as provided in this Article.
- B. The Department may request an informal interview with the base hospital, if it determines that any of the events listed in subsection (A) may have occurred.
- C. The Director may take the following action against the base hospital certificate if an event listed in subsection (A) is substantiated:
 1. Issue a letter of censure or an order of probation; or
 2. Suspend or revoke a certificate after notice and opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 6 and 9 A.A.C. I, Article 1.

ARTICLE 3. BASIC LIFE SUPPORT TRAINING PROGRAM CERTIFICATION

R9-25-301. BLS Training Program Certificate (Authorized

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by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))

A. General Requirements

1. A BLS Training Program shall obtain a certificate from the Department prior to initiating any EMT-Basic, EMT-Basic refresher, or EMT-Basic special skills training.
2. Each certificate shall contain the name of the BLS Training Program, the name of the Program Medical Director, the mailing address of the program's administrative office, the certificate number, and the certificate expiration date.
3. The certificate shall be conspicuously posted in the program's administrative office.
4. The program shall not transfer the certificate.
5. The certificate issued to the Training Program shall be the property of the Department and shall be returned to the Department immediately upon suspension or revocation.
6. A certificate is valid for a period of 2 years provided that the program complies with the conditions of this Article throughout the certification period.
7. A BLS Training Program shall not conduct training without a Medical Director who meets the qualifications of R9-25-303. The Department shall amend and reissue a certificate upon notification of a change of Training Program Medical Director.
8. The certificate shall name only 1 agency and 1 Medical Director.
9. The BLS Training Program shall maintain a current certificate for the duration of all courses and for 6 months after the course completion date for all courses to which the provisions of R9-25-307(I) apply.

B. Initial Certification Application

1. A BLS Training Program applying for initial certification shall submit the following documents to the Department at least 45 days prior to the projected commencement date of a course:
 - a. An application for certification on a form provided by the Department as shown in Exhibit C, which shall be signed by an individual with authority to act on behalf of and legally bind the named agency as applicant.
 - b. A copy of all agreements with institutions for use of facilities, use of equipment, and for training. All agreements shall be in writing and signed by the authorized agent for the BLS Training Program and the institution or service.
 - c. A copy of all agreements with ambulance or rescue services for vehicular training when the Training Program offers special skills training.
 - d. A curriculum vitae for the Training Program Medical Director and Training Program Director.
 - e. A list of all instructors to include the following: name, contact telephone number, and instructor number issued by the Department.
 - f. A copy of disclosure documents required by R9-25-309.
 - g. A list of medical equipment owned or leased by the BLS Training Program that meets the quantity specified in the BLS Training Program Equipment List, as shown in Exhibit D.
 - h. An inventory of medical supplies identified in the BLS Training Program Equipment List, as shown in Exhibit D, in sufficient quantities to enable each student to successfully accomplish the lesson objectives. The BLS Training Program shall assure that each student has adequate personal protection to meet OSHA and CDC standards for Body Substance

Isolation, described in Bloodborne Pathogens 29 C.F.R. § 1910.1030, amended July 1, 1995, and §§ II and IV of "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers," published by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Atlanta, Georgia, February 1989. Both documents are incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.

- i. A certificate of insurance from a company licensed to do business in the state of Arizona or proof of self insurance for \$500,000 malpractice and \$500,000 liability protecting students, instructors, and training facilities. The BLS Training Program shall maintain this insurance or proof of self insurance during the term of its training program certificate.
 - j. Copies of behavioral objectives for clinical rotations for all courses that comply with the curriculum requirements in R9-25-307(E) and behavioral objectives for vehicular rotations for special skills courses that comply with the curriculum requirements in R9-25-307(I)(4).
2. The Department shall not accept an incomplete application and shall return the incomplete application to the applicant for completion and resubmission.
 3. The BLS Training Program shall not begin training students until the certificate is issued.

C. Amendment of Certificate

1. The BLS Training Program shall notify the Department within 5 working days if its Medical Director resigns, is terminated, or is otherwise unable to perform the duties required under R9-25-303(B).
2. The BLS Training Program shall file a written request with the Department to have its certificate amended upon the change of the Training Program Medical Director.
3. The request shall include:
 - a. The name of the new Medical Director,
 - b. A copy of the new Medical Director's curriculum vitae.
4. The BLS Training Program shall cease training until a new Medical Director is appointed who meets the qualifications of R9-25-303 and receives written approval by the Department. The Department shall then issue an amended certificate.

D. Renewal of Certificate

1. An applicant for a BLS Training Program shall submit an application for recertification to the Department at least 45 days prior to the expiration of its current certificate, on a form provided by the Department and shown in Exhibit C.
2. The application shall contain the documents identified in subsection (B)(1) that were amended, revised, or added since initial certification; or, a written verification that revised documents are not submitted because the information submitted with the initial application is unchanged.
3. An applicant for BLS Training Program recertification shall have conducted at least 1 EMT-Basic or EMT-Basic refresher course during the previous certification period.
4. A BLS Training Program which instituted a corrective action plan or is on probation may apply for renewal of its certificate. The Director may issue a renewal certificate

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and order that the BLS Training Program complete the terms of the corrective action plan or probation as a condition of the issuance of the renewal certificate.

E. Denial of Application

1. The Department shall deny an application that does not meet the requirements for initial certification or renewal.
2. The Director may deny an initial or renewal application for a BLS Training Program certificate if any of its owners or operators have held a previous certificate and any of them, or any of their officers, agents, or employees:
 - a. Intentionally violated any of the rules in this Article.
 - b. Knowingly committed, aided, permitted, or abetted the commission of any crime involving medical or health related services.
 - c. Submitted to the Department information required by this Article that they knew, or should have known, was false.
 - d. Refused Department personnel access to inspect facilities, equipment, or required documents.

R9-25-302. Operating Authority (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)).

Scope: A BLS Training Program may conduct EMT-Basic, EMT-Basic refresher, and EMT-Basic special skills courses.

1. A BLS Training Program shall make all notifications and maintain all documentation required by R9-25-307 or R9-25-304(B)(5) separately for each course.
2. The BLS Training Program shall not allow students to transfer between courses of different levels.
3. The BLS Training Program may allow students to attend didactic presentations in another course running concurrently as long as the total number of students attending the didactic presentation is in compliance with R9-25-307(B)(2)(a).
4. Clinical and vehicular rotations shall be conducted utilizing institutions, agencies, and preceptors that are currently licensed or certified in the state of Arizona.

R9-25-303. Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)).

A. The Medical Director of a BLS Training Program shall have the following qualifications:

1. Be licensed as a physician pursuant to A.R.S. Title 32, Chapter 13 or 17, in good standing, in the state of Arizona and maintain licensure for the term of the training program certificate.
2. Be board certified by the American College of Emergency Physicians or the American College of Osteopathic Emergency Physicians, or hold current status in advanced cardiac life support and have worked a minimum of 2000 clinical hours in the emergency department of a licensed health care institution.

B. The Medical Director of a BLS Training Program shall be responsible for the following:

1. Review and approve, in writing, that the course outlines and lesson plans are consistent and do not exceed the scope of practice as contained in subsections (B)(1)(a) and (b).
 - a. Arizona Basic Life Support Curriculum, dated July 22, 1994, published by and available at the Arizona Department of Health Services, Emergency Medical Services, 1651 E. Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.
 - b. Special Skills Curriculum, dated July 22, 1994, pub-

lished by and available at the Arizona Department of Health Services, Emergency Medical Services, 1651 E. Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.

2. Complete and sign the BLS Training Program Course Completion Report as shown in Exhibit E, verifying course completion and skill competency for all students completing the course.

R9-25-304. Basic Life Support Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3)).

A. The BLS Training Program Director shall have the following qualifications:

1. Be currently licensed or certified for a minimum of 1 year and in good standing in the state of Arizona as a physician, registered nurse, or EMT at any level and maintain licensure or certification for the term of the Training Program certificate.
2. Demonstrate and maintain at least 1000 hours of clinical experience or 80 hours teaching experience as a physician, registered nurse, or EMT at any level, in prehospital care, emergency medicine, or critical care within the last 2 years.

B. The BLS Training Program Director shall be responsible for the following:

1. Schedule classes, instructors, preceptors, facilities, clinical and vehicular rotations, and equipment for each class.
2. Assure that classes and clinical and vehicular rotations are conducted as scheduled and adhere to the lesson plans and objectives and all requirements in R9-25-307.
3. Assure that instructors and equipment are present at each class.
4. Establish policy and procedures for all BLS training program courses which, at a minimum, shall include:
 - a. Attendance.
 - i. Absences and tardiness shall not exceed 16 hours.
 - ii. The information and learning materials presented in the didactic portion of the program shall be made up under the direction of the instructor through individual instruction or documented self study projects. This shall not constitute exemption from the requirement of subsection (B)(4)(a)(i).
 - iii. Clinical and vehicular absences and tardiness shall be rescheduled either prior to the official course completion date or consistent with the time limits in R9-25-307(G). A student shall arrange to make up clinical and vehicular absences or tardiness through the Program Director. Rescheduling of clinical and vehicular absences under this requirement shall not apply to the requirement of subsection (B)(4)(a)(i).
 - iv. Students who contract a contagious disease identified in R9-25-309(12) during the course shall not participate in didactic, clinical, or vehicular activities until they provide written documentation from their physician that they are no longer contagious. If all absences, without regard to reason, exceed 16 didactic hours, the student shall not be eligible to complete the course.

7. Within 10 working days after completion of each course, submit to the Department an official course roster and a course completion report on forms provided by the

12. Analysis of certification examination results: The BLS Training Program shall maintain a cumulative pass/fail ratio of 70% of all students taking the certification examination.

3. Collect and forward documents required under R9-25-304(B)(5) to the Training Program Director.

EXHIBIT F
ARIZONA DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES
Instructional Strategies for EMS Instructors

Course Description:

This course is designed to prepare and make eligible the participant to gain approval from the Office of EMS as a Basic EMT instructor.

This course will provide detailed information on requirements by the Office of EMS for conducting a Basic EMT course, instructing in a Basic EMT course, submission of paperwork, and certification of students. Also, This course offers a general overview of educational theories and principles. It is not possible, in a short course like this, to provide all the information one needs to be an instructor. Therefore, it is important that the participants have some requisite experience in conducting training and that they realize that this orientation program is the start of the journey, they will be responsible for expanding their knowledge and applying that knowledge in the classroom.

Methodology:

Description -

The course duration shall be a minimum of 124 hours.

It is designed to consist of 24 hour of didactic presentation, in which the participants will be provided with information via lectures, small group activities, individual activities and scenarios.

Additionally, each participant must complete a 100 hour internship in which they will assist an Approved Basic EMT instructor in an actual Basic EMT class, and under supervision prepare lesson plans, teach both a lecture session and skills session and perform the administrative functions associated with an EMT course.

Coordination/Instruction

Coordination: This course shall be coordinated by, or in conjunction with, a certified Basic EMT training program.

Instruction: The instructors for the course must currently be or have been within the last 3 years, Basic EMT instructors approved by the Office of EMS and should have considerable knowledge and experience in the field of education.

Competencies:

1. List the components required in Basic Emergency Medical Technology (EMT) courses according to standards set by the United States Department of Transportation (US DOT) and the Arizona Department of Health Services Office of Emergency Medical Services (ADHS - OEMS).
2. Define and describe the concepts of adult learning as they relate to students in EMT.
3. Apply teaching principles in the design of course syllabi, and lesson plans.
4. Design a lecture outline to include identification of time, AV aides, and any student study guides.
5. Use effectively all AV and EMT equipment.
6. Design teaching methods for skills to include airway management, administering oxygen, immobilization techniques, and application of pneumatic antishock garment (PASG).
7. Develop a student evaluation.
8. Prepare appropriate documentation for the American Heart Association (AHA), the ADHS - OEMS, and NREMT.
9. Successfully complete a multiple-choice examination on EMT-Basic knowledge and skills with 80% accuracy.
10. Successfully demonstrate application of all EMT-Basic skills according to the NREMT skills evaluation guidelines.

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11. Complete 100 hours supervised classroom experience with a satisfactory evaluation.

Course Content:

- I. Orientation to US DOT, ADHS - OEMS, and NREMT Standards and Guidelines
 - A. Course content
 - B. Required skills
- II. Principles of Adult Learning
 - A. General learning theory
 - B. Characteristics of learners
 - C. The Domains
- III. Teaching Principles
 - A. Objectives for lectures and skills
 - B. Syllabus and lesson plans
 - C. Course calendar
 - D. Student study guides
- IV. Classroom Skills
 - A. Components of successful lecture
 - B. Components for effective teaching of skills
 - C. Classroom control
 - D. Discipline and counseling
 - E. Discrimination
 - F. Selection of text
 - G. Protection of self and others
- V. Audiovisual Aides
 - A. Preparation and development
 - B. Resources for purchase
 - C. Safe use of AV equipment
 - D. Safe use of monitoring and defibrillation equipment
- VI. Evaluation
 - A. Test Construction
 - 1. Multiple choice
 - 2. Matching
 - 3. Essay
 - 4. Completion
 - B. Grading
 - 1. Distribution
 - 2. Evaluation of the course
- VII. Preparation for Certification Examinations
- VIII. Multiple-choice examination on EMT-Basic knowledge and skills
- IX. EMT-Basic skills testing according to the NREMT skills evaluation guidelines.
- X. 100 hours of supervised classroom experience which shall be the duration of 1 entire EMT class, shall be completed within 12

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months, and shall include preparing lesson plans, teaching both didactic and practical skills, as well as performing all administrative functions associated with an EMT course. The participant of the instructional strategies course shall obtain a satisfactory written evaluation signed by an approved instructor and co-signed by the BLS training program director.

R9-25-306. Preceptor Qualifications (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))

- A. Clinical and vehicular preceptors shall be a registered nurse, physician, EMT-Basic trained under the July 22, 1994, curriculum, an intermediate with defibrillation status, or paramedic, licensed or certified by the state of Arizona. At least 2 years field experience is required for all EMTs functioning as preceptors.
- B. For special skills courses, vehicular preceptors shall be:
1. An intermediate with defibrillation status or paramedic, with current Arizona state certification and at least 2 years of field experience within the last 5 years.
 2. A physician with 2 years of prehospital, emergency medicine, or critical care experience within the last 5 years.
 3. A registered nurse who has:
 - a. Either:
 - i. Received instruction from the Medical Director in advanced airway management and has demonstrated competency in endotracheal intubation utilizing the standards of The National Registry of Emergency Medical Technicians EMT-Basic Practical Examination Users Guide, previously incorporated by reference at R9-25-304(B)(11), as verified by the Medical Director; or
 - ii. Performs endotracheal intubation as a part of their current nursing practice;
 - b. And either:
 - i. 2080 hours emergency medicine, critical care, or prehospital care clinical or teaching experience within the last 2 years; or
 - ii. 200 hours experience as an instructor in a BLS Training Program with continuing vehicular preceptor experience within the last 2 years.

R9-25-307. Basic Life Support Training Program Course Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))

- A. Department Notifications
1. The BLS Training Program shall include its certificate number on all correspondence with the Department.
 2. At least 45 days prior to commencing each course, the BLS Training Program shall submit to the Department:
 - a. A course approval application as shown in Exhibit C.
 - b. For special skills courses, a prospective course roster listing all students to be screened for the course on the form as shown in Exhibit G.
 - c. A course schedule that satisfies the minimum hourly requirements listed in subsection (C) to include: the date of each class, the module of Arizona Basic Life Support Curriculum to be covered in each class, the topic, class duration, class location, and the identity of the instructor for each lecture. The Department shall notify the BLS Training Program in writing within 30 days after it receives notice of the course schedule whether the schedule satisfies the curriculum requirements or has deficiencies. The Department shall reject a schedule that does not satisfy the requirements in subsection (C) and shall notify the BLS Training Program of the deficiencies in writing. The BLS Training Program shall submit an amended schedule within 14 days after receiving the

notification. The BLS Training Program shall not commence training until it submits a course schedule that complies with subsection (C) and is approved by the Department in writing.

3. The BLS Training Program shall notify the Department of any changes in the Training Program Director or instructor within 10 working days of the change.

B. Class Structure

1. Facility Requirements: The BLS Training Program shall ensure that each didactic session be held in a facility that provides:
 - a. Restrooms within the building or campus, accessible or key available in the classroom during class hours.
 - b. A minimum of 1 chair and desk or table space per student.
 - c. A temperature range between 65°F. and 85°F.
 - d. Lighting that evenly illuminates the room to allow the student to function within the classroom setting.
 - e. An environment that is reasonably free of visual and auditory distractions.
2. Class size:
 - a. Didactic: Each BLS Training Program course shall be limited to 24 students. In the lecture format, the BLS Training Program may combine 2 EMT-Basic courses for a maximum of 48 students. This combined group of 2 courses shall not exceed 20 hours of the total didactic curriculum. The Training Program shall not allow students enrolled in a refresher course to attend EMT-Basic courses.
 - b. Skills: Skills instruction and evaluation shall be limited to a maximum ratio of 8 students to 1 instructor. The BLS Training Program shall not combine courses for skills instruction or evaluation.
3. Classroom management: The BLS Training Program shall prohibit students not enrolled in a course from attending didactic or skills instruction or evaluation.

C. Curriculum Requirements

1. Each course conducted by the BLS Training Program shall adhere to the requirements of the Arizona Basic Life Support Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(a).
2. Training for additional or subsequent protocols adopted pursuant to A.R.S. § 36-2205 shall not be implemented until the written training is adopted or amended in rule pursuant to the Arizona Administrative Procedure Act.
3. The BLS Training Program shall assure total completion of the course by offering make-up sessions for all classes required for certification that are cancelled during a course.
4. The BLS Training Program shall utilize the Basic Level Practical Examination forms contained within The National Registry of Emergency Medical Technicians EMT-Basic Practical Examination Users Guide, previously incorporated by reference at R9-25-304(B)(11).

D. Body Substance Isolation:

The BLS Training Program shall comply with, and assure that its contracts with institutions and services require compliance with, the procedures described in Bloodborne Pathogens, 29 CFR § 1910.1030, amended July 1, 1995, previously incorporated by reference at R9-25-301(B)(1)(h), and §§ II and IV of The Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers

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published by the U.S. Department of Health and Human Services, February 1989, previously incorporated by reference at R9-25-301(B)(1)(h).

E. Clinical Rotation Requirements for EMT-Basic.

1. The BLS Training Program shall assure that each student receives the required hours in each clinical area described in the Arizona Basic Life Support Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(a), for the training course in which the student is enrolled.
2. After completion of specific didactic and skills modules, all EMT-Basic students shall complete 4 sets of vital signs and the following skills during clinical rotation or supervised vehicular training, if the opportunity presents itself and under the direct supervision of a preceptor:
 - a. Bag-Valve-Mask ventilation.
 - b. One and 2 person cardiopulmonary resuscitation.
 - c. One and 2 person pediatric resuscitation.
 - d. Infant resuscitation.
 - e. Adult, pediatric, and infant foreign body airway obstruction techniques.
 - f. Pneumatic anti-shock garment removal under the direction and supervision of a physician.
 - g. Initial patient assessment.
 - h. Assist with monitoring intravenous lines.
 - i. Facilitation of patient medication.
 - j. Application of automatic or semiautomatic defibrillation.
3. The EMT-Basic student shall not perform patient care documentation on the hospital or institution record unless authorized by and performed under the direct supervision of the clinical preceptor.
4. The BLS Training Program shall require within their clinical site contracts that clinical preceptors be present and directly observe all student related patient care.
5. The BLS Training Program shall require that the clinical preceptors sign the student's clinical attendance and evaluation forms verifying completion of the rotation.
6. The BLS Training Program shall assure that treatments, procedures and techniques administered by the student are authorized pursuant to A.R.S. § 36-2205.

F. Examinations for EMT-Basic courses.

1. The BLS Training Program may develop and shall keep on file course examinations, in addition to the final examination, given at the discretion of the Training Program Director or Medical Director.
2. Prior to the completion of the course the BLS Training Program shall develop and administer final comprehensive written and practical examinations to all students. The examinations shall meet the following standards:
 - a. Written Examination
 - i. EMT-Basic: The final exam shall consist of 150 multiple choice questions utilizing 1 absolutely correct answer, 1 incorrect answer, and 2 distractors, neither of which is "all of the above" or "none of the above." The examination shall cover the learning objectives of the Arizona Basic Life Support Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(a), in the following proportions:

Medicolegal, Patient Handling, and Transportation	10 questions
Anatomy and Physiology and Patient Assessment	10 questions

Breathing, Resuscitation, and Cardio Pulmonary Resuscitation 25 questions

Wounds, Bleeding, Shock, Pneumatic Anti-shock Garments 10 questions

Medical Emergencies 10 questions

Injuries to the Head, Neck, Spine, Abdomen, and Genitalia 15 questions

Fractures and Dislocations 10 questions

Environmental Emergencies and Hazardous Materials 10 questions

Emergency Childbirth 10 questions

Psychological Aspects 10 questions

Medication Administration 10 questions

I.V. Monitoring 10 questions

Automatic/Semiautomatic Defibrillation 10 questions

ii. The minimum passing grade on the final written comprehensive examination shall be no less than 75%.

iii. The BLS Training Program may allow a student a maximum of 3 attempts to pass the final written comprehensive examination. If the student does not attain the minimum passing grade on the written comprehensive examination on the 3rd attempt, the student shall be considered ineligible to complete the program. To be eligible for certification, the ineligible student shall reapply to, be accepted by, and successfully complete an entire training program.

b. Practical Examination.

i. The BLS Training Program shall administer a final comprehensive practical skills examination and shall utilize the Basic Level Practical Examination forms contained within The National Registry of Emergency Medical Technicians EMT-Basic Practical Examination Users Guide, previously incorporated by reference at R9-25-304(B)(11).

ii. The minimum passing grade on the final comprehensive practical skills examination shall be 80% of possible points in each skill. Meeting any of the critical criteria listed on the testing form shall result in automatic failure of that station, regardless of the total of points accumulated.

iii. The BLS Training Program may allow a student a maximum of 3 attempts to pass each skill of the final comprehensive practical examination. If the student does not attain the minimum passing grade on the practical examination, for each skill, on the 3rd attempt, the student shall be considered ineligible to

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complete the program. To be eligible for certification, the ineligible student shall reapply to, be accepted by, and successfully complete an entire training program.

- G. Course Completion Requirements: The BLS Training Program may allow students who have failed to complete clinical requirements no more than 6 months from the official course completion date to complete the requirements. The BLS Training Program shall fail students who do not complete all requirements within 6 months. If the student does not complete all requirements within 6 months, the student shall be considered ineligible to complete the course. To be eligible for certification, the ineligible student shall reapply to, be accepted by, and successfully complete an entire training program.
- H. Refresher courses: The BLS Training Program may offer refresher courses that meet the requirements of the Arizona Basic EMT Refresher Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(c).
- I. Special Skills Courses:
1. The BLS Training Program may offer special skills courses for individuals certified as EMT-Basic in good standing. The special skills courses shall be separate from all other BLS Training Courses.
 2. Student qualifications: Prospective students shall be currently certified in the State of Arizona as an EMT-Basic and in good standing.
 3. Special skills curriculum:
 - a. The BLS Training Program shall assure that medications, treatments, procedures, and techniques administered by the student are authorized pursuant to A.R.S. § 36-2205.
 - b. The BLS Training Program shall assure that each special skills course adheres to the didactic and vehicular requirements contained in the Special Skills Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(h).
 - c. The BLS Training Program shall permit special skills students to begin the vehicular rotation only after all skills and didactic components of the course are successfully completed.
 4. Vehicular Rotation Requirements:
 - a. The BLS Training Program shall assure that each student receives the required vehicular objectives and hours of vehicular training described in the Basic EMT - Special Skills Vehicular Rotation Requirements, as shown in Exhibit H.
 - b. The BLS Training Program offering the EMT-Basic special skills course shall assure that a ratio of 1 preceptor to 1 student is maintained for all vehicular rotations.
 - c. The BLS Training Program shall require that the preceptor be present and observe all student related patient care and co-sign the field incident report form.
 - d. The BLS Training Program shall assure that medications, treatments, procedures, and techniques administered by the student are authorized pursuant to A.R.S. § 36-2205.
 5. Special skills courses examinations: The BLS Training Program shall administer final written and practical examinations, that meet the following standards, to all students prior to completion of the course:
 - a. Written examination
 - i. The final exam shall consist of 50 multiple choice questions utilizing 1 absolutely correct

answer, 1 incorrect answer and 2 distractors neither of which is "all of the above" or "none of the above." The examination shall cover the learning objectives of the Special Skills Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(h), in the following proportions:

Medical-Legal, Patient Handling, and Transportation	10 questions
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Anatomy and Physiology and Patient Assessment	10 questions
---	--------------

Airway, Breathing, Resuscitation, and Cardio Pulmonary Resuscitation	5 questions
--	-------------

Trauma	10 questions
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Airway Adjuncts	5 questions
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Intubation	10 questions
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- ii. The minimum passing grade on the final written comprehensive exam shall be no less than 75%.

- iii. The BLS Training Program may allow a student a maximum of 3 attempts to pass the final written comprehensive examination. If the student does not attain the minimum passing grade on the written comprehensive examination on the 3rd attempt, the student shall be considered ineligible to complete the program. To be eligible for certification, the ineligible student shall reapply, be accepted by, and successfully complete the training program.

b. Practical Examinations:

- i. Following completion of the didactic component of the course, the BLS Training Program shall administer a final comprehensive practical skills examination utilizing the forms contained within The National Registry of Emergency Medical Technicians EMT-Basic Practical Examination Users Guide, previously incorporated by reference at R9-25-304(B)(11).

- ii. The minimum passing grade on the final comprehensive practical skills examination shall be 80% of possible points in each skill. Meeting any of the critical criteria listed on the testing form shall result in automatic failure of that station.

- iii. The BLS Training Program may allow a student a maximum of 3 attempts to pass each skill of the final comprehensive practical examination. If the student does not attain the minimum passing grade, for each skill, on the 3rd attempt, the student shall be considered ineligible to complete the program. To be eligible for certification, the ineligible student shall reapply, be accepted by, and successfully complete the training program.

- J. Records Maintenance: The BLS Training Program shall retain all student records from all BLS courses for 2 years from the date of course commencement. These records shall include the student's name, attendance record, grades, practical skills evaluations including vehicular and clinical records, course schedules, and master copies of all examinations.

EXHIBIT H

Arizona Department of Health Services Emergency Medical Services

Basic EMT - Special Skills Vehicular Rotation Requirements

Each student must meet each objective contained on this sheet. To accomplish this a student may have to remain in the vehicular rotation for a period of time **beyond** the 8 hour minimum requirement.

Note: Preceptors must meet the minimum qualification as described in the Arizona Administrative Code R9-25-306(B).

Minimum Objectives

Upon completion of the vehicular rotation, with documentation supported by a skills check-off sheet (signed by the preceptor) and an EMS encounter form (which shall be signed by the student and co-signed by the preceptor), each student shall have:

1. Demonstrated the ability to perform a patient assessment on 3 patients in respiratory distress.
2. Demonstrated the ability to provide basic airway care and intervention on 3 patients.
3. Attempted a minimum of 3 endotracheal intubations in the prehospital setting.
4. Performed a minimum of 1 successful endotracheal intubation in the prehospital setting.

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R9-25-308. Trainee Prerequisites (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))

- A. Each applicant shall be at least 18 years of age prior to applying to the BLS Training Program.
- B. Each applicant shall have a current Cardio Pulmonary Resuscitation card, prior to applying to the BLS Training Program.
- C. Each applicant shall demonstrate proficiency in reading at the 9th grade level. Prospective students shall demonstrate reading proficiency by scoring at the 9th grade level or higher on the Nelson-Denney Examination or ABEL Examination or by attaining a minimum score of 41 on the Assessment of Skills for Successful Entry and Transfer (ASSET) Examination.
- D. Each applicant shall provide proof of:
 1. TB testing or chest x-ray with a negative result within 6 months prior to application.
 2. Immunity to Rubella (German Measles) determined as follows:
 - a. Persons born before January 1, 1942, are considered immune to Rubella (German Measles).
 - b. Persons born on or after January 1, 1942, are considered immune to Rubella if:
 - i. The person has a documented record of having received 1 dose of live Rubella vaccine since June 1, 1969, on or after their 1st birthday, or
 - ii. The person has documented laboratory confirmation of immunity to Rubella. Physician diagnosis is not acceptable.
 3. Immunity to Rubeola (Measles) determined as follows:
 - a. Persons born before January 1, 1957, are considered immune to Rubeola and Mumps.
 - b. Persons born on or after January 1, 1957, are considered immune to Rubeola if:
 - i. The person has a documented record of having received 2 doses of live measles vaccine since January 1, 1968, on or after their 1st birthday; or
 - ii. The person has documented laboratory confirmation of immunity to Rubeola. Physician diagnosis is not acceptable.

R9-25-309. Disclosure Documents (Authorized by A.R.S. § 36-2202(A)(4))

The BLS Training Program shall provide all trainee applicants with the following information in writing:

1. A description of the BLS Training Program curriculum and graduation requirements;
2. A list of books, equipment, and supplies that the student shall purchase;
3. A notification that the ability to perform certain physical activities is a mandatory requirement for both graduation and state certification and that the inability to perform these activities may disqualify the applicant from both graduation from the BLS Training Program and state certification;
4. A notification that it is the responsibility of the applicant to complete the BLS Training Program course, including final testing, within 6 months of the official course completion date in order to be eligible for graduation;
5. A copy of BLS Training Program policies and procedures that govern student conduct;
6. Notification that an EMT-Basic applicant shall successfully complete all written and practical examinations and all clinical rotations to be eligible for State certification;
7. Notification that the requirements for EMT-Basic, and special skills certification are located in the Arizona Administrative Code Title 9 Chapter 25, Article 5, and can be found in public libraries;

8. Notification that the Department does not regulate or insure the financial viability of the BLS Training Program;
9. Notification that for special skills courses, the student shall maintain current Arizona EMT-Basic certification throughout the special skills course or be expelled from the course;
10. Notification of required proof of immunity or immunization and negative TB test as defined in R9-25-308(D);
11. Notification that a student shall provide evidence of annual TB testing while enrolled in the program;
12. Notification that a student who contracts Tuberculosis, Rubella, Rubeola, Mumps, Varicella, or Hepatitis during the course, shall comply with the attendance policies of the course and shall not be allowed to participate in didactic, clinical, or vehicular activities until they provide written documentation from their physician that they are no longer contagious;
13. Notification of requirements that are specific to each clinical or vehicular rotation that a student must meet before beginning the rotation, which may include a physical examination or drug screening, or both.

R9-25-310. Quality Management Program (Authorized by A.R.S. §§ 36-2202(A)(4), and 36-2204(1), (3), (4), and (10))

- A. Application by the BLS Training Program for certification or recertification shall constitute agreement for participation in the quality management program.
- B. During the term of certification, the Department's representatives may evaluate the quality of the Training Program pursuant to the rules established in this Article.
- C. Evaluation may consist, in whole or in part, of the following components:
 1. Site visits may be conducted as follows:
 - a. Each site visit may consist of the Department's representative attending a scheduled class to observe the training scheduled to occur, review the required records, interview students, and inspect equipment, supplies, and the physical location. The Department shall notify the Training Program Director of the site visit at least 24 hours prior to the visit.
 - b. During the visit, the Training Program Director or assigned faculty shall make available to the Department's representative all requested records pertaining to the course.
 - c. During the site visit the Department's representative may evaluate:
 - i. Records Management - The accuracy and currency of all records and paperwork required by this Article.
 - ii. Classroom Structure - The physical conditions in the classroom as required in R9-25-307(B).
 - iii. Equipment and supplies as required in Exhibit D.
 - iv. For each class the faculty shall be in compliance with the learning objectives of the Arizona Basic Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(a).
 - v. At the conclusion of each site visit, the Department's representative may meet with the assigned faculty and verbally review the evaluation, including feedback and recommendations of the Department's representative. The Department shall prepare and provide a written report of the site visit to the Training Program Director within 10 working days after completion.

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tion of the site visit. If the written report contains a request for a corrective action plan, the report shall refer to the applicable sections of the rules for guidance.

2. The Department may conduct customer service surveys of students, faculties, preceptors, and agencies contracted with the training program to provide clinical and vehicular rotations.
 - a. The surveys shall contain:
 - i. The BLS Training Program's name,
 - ii. The Training Program Director's name,
 - iii. The Training Program Medical Director's name, and
 - iv. Questions relevant to the respondent's interaction with the training program to determine the training program's compliance with this Article.
 - b. The survey question design shall elicit a "yes" or "no" response with space for comments.
 - c. The Department shall maintain the results of each survey for the duration of the Training Programs current certificate and shall forward a copy to the BLS Training Program Director.
 - d. Any survey that is returned with a "no" response shall be audited by the Department in the context of other responses to determine whether a rule violation has occurred. If a violation occurred, the Department shall notify the BLS Training Program which shall develop a corrective action plan as described in this rule.
- D. If corrective action is necessary, the BLS Training Program shall develop a corrective action plan within 20 working days of notification by the Department. The BLS Training Program shall submit the corrective action plan to the Department for approval. A corrective action plan shall include:
 1. The specific program deficiency, including the rules violated, as determined by the Department.
 2. The plan for correction of the deficiency, which shall include:
 - a. A step by step procedure that the Training Program shall follow to correct the deficiency, and
 - b. A time-line for implementation that corrects the deficiency without delay.
- E. If the Training Program fails to develop a corrective action

plan, develops a corrective action plan that does not comply with this rule, or is unable to meet the terms of the plan, the Department may initiate administrative proceedings against the Training Program's certificate. These proceedings may result in a letter of censure, probation, suspension, or revocation of the Training Program's certificate.

R9-25-311. Letter of Censure, Probation, Suspension, Revocation of Certificate (Authorized by A.R.S. § 36-2202(A)(4)).

- A. The Director may issue a letter of censure, place on probation, suspend, or revoke a BLS Training Program certificate, in whole or in part, if any of its owners or operators, officers, agents, or employees:
 1. Violate any of the rules in this Chapter.
 2. Knowingly commit, aid, permit, or abet the commission of any crime involving medical or health related services.
 3. Submit to the Department information required by this Article that any of its owners or operators, officers, agents, or employees knew, or should have known, was false.
 4. Refuse Department personnel access to inspect facilities, equipment, or documents.
- B. The Department may request an informal interview with the BLS Training Program, if it determines that an event listed in subsection (A) of this rule may have occurred.
- C. The Director may take the following action against the certificate if the occurrence of an event listed in subsection (A) is substantiated:
 1. Issue a letter of censure or an order of probation;
 2. Suspend or revoke a certificate after notice and opportunity to be heard is given according to the procedures described in A.R.S. Title 41, Chapter 6, Article 6 or 9 A.A.C. 1, Article 1.
- D. The Department may suspend or revoke the certificate of a BLS Training Program during an active training course for failure to conform to the rules of this Article. In the event that the BLS Training Program's certificate is suspended or revoked during an active training course, the Department may refuse to certify graduates of that Training Program if it determines that the graduates did not satisfy all course requirements. If such a determination is made all students and graduates, who have not been previously certified, shall be so notified in writing by the Department.

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EXHIBIT D
BLS EMS TRAINING PROGRAM EQUIPMENT/SUPPLIES LIST

Quantity	Equipment
1	Moulage Kits or Casualty Simulator Kits.
2	Pair of old pants and shirts.
2	Blankets (cotton or cotton/blend).
10 rolls each size	Adhesive cloth/silk type tape - 1/2 inch, 1 inch, 2 inch, and 3 inch.
10 rolls each size	Adhesive paper/plastic type tape - 1/2 inch, 1 inch, 2 inch, and 3 inch.
24	Trauma Dressings.
1 per student	Pen Lights.
1 per student	Scissors.
3	Stethoscopes.
3	Dual head training stethoscopes.
3	Blood pressure cuffs - adult sizes.
3	Blood pressure cuffs - child size.
3	Bag-valve-mask devices - adult size.
3	Bag-valve-mask devices - pediatric size.
2	Oxygen tank with regulator and key. (Must be operational and maintain a minimum of 500psi.)
6	Oxygen masks non-rebreather - adult.
6	Oxygen masks non-rebreather - child.
6	Nasal cannulas.
2 boxes	Alcohol preps.
1 case of each size	Gloves - (small, medium, large, and extra large).
1 case	2x2 sponges.

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1 case	4x4 sponges.
1 case	5x9 sponges.
2 cases	Roller gauze.
1 box	Vaseline gauze or occlusive dressings.
2	Traction splint devices.
2	Vest type immobilization devices.
2	Long spine boards with three (3) 9 foot straps per board.
3 of each size	Cervical collars (small, regular, medium, large, and extra large). NOTE: (Soft collars and foam types are not acceptable.)
2	Head immobilization materials/devices.
2	Pneumatic Anti-Shock Garments - adult.
2	Pneumatic Anti-Shock Garments - child.
1 set	Mobile or portable transmitter/receivers or hand held walkie talkies with fully charged batteries.
1	Ambulance stretcher.
1	Bottle of activated charcoal.
1	Oral glucose tube.
2	Portable suction device.
3	Rigid suction catheters.
3	Flexible suction catheters.
2 of each size	Oropharyngeal airways.
2 of each size	Nasopharyngeal airways.
2 of each size	Rigid splints (6 inch, 12 inch, 18 inch, 24 inch, and 36 inch.)
2	Burn sheets.
2	OB kits.

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8 bottles	Sterile water.
2	CPR Mannikins - adult.
2	CPR Mannikins - child.
2	CPR Mannikins - infant.
4 per mannikin	Replacement lungs.
1 case	CPR face shields.
1	Semi-Automatic Defibrillator or AED training device.

NOTE: A box, roll, or case must be unused to be counted toward the minimum requirements. Sets and units must be complete to be counted toward the minimum requirement.

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EXHIBIT C

EMERGENCY MEDICAL SERVICES

BASIC LIFE SUPPORT TRAINING PROGRAM APPLICATION

FOR CERTIFICATION / RECERTIFICATION / COURSE APPROVAL

(Mark one)

_____ New Certificate
 _____ Recertification (certificate number) _____
 _____ Approval of a course to be conducted under certificate number _____

Indicate the level of the course:

_____ First Responder _____ Basic EMT Refresher
 _____ First Responder Refresher _____ Basic EMT Special Skills
 _____ Basic EMT

Name of Applicant (Training Institution):	Location of Classroom:
List the names of all owners, corporate officers (attach additional sheet(s) if needed):	List all BLS training program certificates currently or previously held by the training program or its owners/corporate officers:
Mailing address:	Course Dates: Start: End: Day(s) of week: Times:
Medical Director:	Medical Director's phone number:
Program Director:	Program Director's phone number:
Course Manager:	Course Manager's phone number:

I hereby certify that the information provided in this application is correct. I verify that I have the authority to act on behalf of, and legally bind, the named agency as applicant.

Signature _____ Title _____ Date _____

EXHIBIT E

**ARIZONA DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

BASIC LIFE SUPPORT TRAINING PROGRAM

COURSE COMPLETION REPORT

This report shall be submitted with an Official Class Roster (form OEMS-005).

Program name _____ Certificate number _____

Program Director's name (print) _____

Medical Director's name (print) _____

Date of completion _____ Course type _____

I, as Medical Director of this training program, verify that I understand and have complied with all requirements of the Arizona Administrative Code R9-25-303.

I, as Program Director of this training program, verify that I understand and have complied with all requirements of the Arizona Administrative Code R9-25-304.

We verify that each student on the attached official class roster has:

1. Achieved competency of every stated objective for didactic, clinical, and vehicular (for Basic EMT special skills) components of the curriculum.
2. Met the minimum contact hour requirements for didactic, clinical, and vehicular (for Basic EMT special skills) components as stated in the curriculum.
3. Demonstrated proficiency in all skills encompassed in the curriculum by successfully performing the procedure on live patients, cadavers, mannikins, or a combination of these.

By affixing our signatures to this form we verify that each student listed on the Official Class Roster has successfully completed all requirements of the Arizona Basic Life Support Curriculum. We verify that records required by Arizona Administrative Code, Title 9, Chapter 25, Article 3, are available for inspection on request.

Medical Director Date

Program Director Date

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ARTICLE 4. ADVANCED LIFE SUPPORT TRAINING PROGRAM CERTIFICATION EMT-INTERMEDIATE AND EMT-PARAMEDIC

R9-25-401. Advanced Life Support Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))

A. General Requirements

1. An ALS Training Program shall provide training only after obtaining a certificate from the Department.
2. Each certificate shall contain the name of the ALS Training Program, the name of the Program Medical Director, the mailing address of the program's administrative office, the certificate number, and the certificate expiration date.
3. The certificate shall be conspicuously posted in the program's administrative office.
4. The program shall not transfer the certificate.
5. The certificate issued to the Training Program shall be the property of the Department and shall be returned to the Department immediately upon suspension or revocation.
6. A certificate is valid for a period of 2 years provided that the program complies with the conditions of this Article throughout the certification period.
7. An ALS Training Program shall not conduct training without a Medical Director who meets the qualifications of R9-25-403. The Department shall amend and reissue a certificate upon notification of a change of Training Program Medical Director.
8. The certificate shall name only 1 agency and 1 Medical Director.
9. The ALS Training Program shall maintain a current certificate for the duration of all courses and for 6 months after the course completion date for all courses to which the provisions in R9-25-407(I) apply.

B. Initial Certification Application

1. An ALS Training Program applying for initial certification shall submit the following documents to the Department at least 45 days prior to the projected commencement date of a course:
 - a. An application for certification on a form provided by the Department as shown in Exhibit I, which shall be signed by an individual with authority to act on behalf of and legally bind the named agency as applicant.
 - b. A copy of all agreements with institutions and ambulance or rescue services for use of facilities, use of equipment, and for training. All agreements shall be in writing and signed by the authorized agent for the ALS Training Program and the institution or service.
 - c. A curriculum vitae for the Training Program Medical Director and Training Program Director.
 - d. A copy of disclosure documents required by R9-25-409.
 - e. A list of medical equipment owned or leased by the ALS Training Program that meets the quantity specified in the ALS EMS Training Program Equipment/Supplies List, as shown in Exhibit I.
 - f. An inventory of medical supplies identified in the ALS EMS Training Program Equipment/Supplies List, as shown in Exhibit I, in sufficient quantities to enable each student to successfully accomplish the lesson objectives. The ALS Training Program shall assure that each student has adequate personal protection to meet OSHA and CDC standards for Body Substance Isolation, described in Bloodborne Patho-

gens 29 C.F.R. § 1910.1030, amended July 1, 1995, and §§ II and IV of The Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers published by the U.S. Department of Health and Human Services, February 1989, both previously incorporated by reference at R9-25-301(B)(1)(h).

- g. A certificate of insurance from a company licensed to do business in the State of Arizona or proof of self insurance for \$500,000 malpractice and \$500,000 liability protecting students, instructors, and training facilities. The ALS Training Program shall maintain this insurance or proof of self insurance during the term of its training program certificate.
- h. Copies of behavioral objectives for clinical and vehicular rotations that comply with the curriculum requirements in R9-25-407(F) and (G).

2. The Department shall not accept an incomplete application and shall return the incomplete application to the applicant for completion and resubmission.
3. The ALS Training Program shall not begin training students until the certificate is issued.

C. Amendment of Certificate

1. The ALS Training Program shall notify the Department within 5 working days if its Medical Director resigns, is terminated, or is otherwise unable to perform the duties required under R9-25-403(B).
2. The ALS Training Program shall file a written request with the Department to have its certificate amended upon the change of the Training Program Medical Director.
3. The request shall include:
 - a. The name of the new Medical Director.
 - b. A copy of the new Medical Director's curriculum vitae.
4. The ALS Training Program shall cease training until a new Medical Director is appointed who meets the qualifications of R9-25-403 and receives written approval by the Department. The Department shall then issue an amended certificate.

D. Renewal of Certificate

1. An applicant for a ALS Training Program shall submit an application for recertification to the Department at least 45 days prior to the expiration of its current certificate, on a form provided by the Department as shown in Exhibit I.
2. The application shall contain the documents identified in R9-25-401(B)(1) that were amended, revised, or added since initial certification; or, a written verification that revised documents are not submitted because the information submitted with the initial application is unchanged.
3. An applicant for ALS Training Program recertification shall have conducted at least 1 intermediate, paramedic, intermediate to paramedic, or refresher course during the previous certification period.
4. An ALS Training Program which instituted a corrective action plan or is on probation may apply for renewal of its certificate. The Director may issue a renewal certificate and order that the ALS Training Program complete the terms of the corrective action plan or probation as a condition of the issuance of the renewal certificate.

E. Denial of Application

1. The Department shall deny an application that does not meet the requirements for initial certification or renewal.
2. The Director may deny an initial or renewal application for an ALS Training Program certificate if any of its own-

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ers or operators have held a previous certificate and any of them or any of their officers, agents, or employees:

- a. Intentionally violated any of the rules in this Article.
- b. Knowingly committed, aided, permitted, or abetted the commission of any crime involving medical or health related services.
- c. Submitted to the Department information required by this Article that they knew, or should have known, was false.
- d. Refused Department personnel access to inspect facilities, equipment, or required documents.

R9-25-402. Operating Authority (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))

A. Scope: An ALS Training Program may conduct paramedic, intermediate, intermediate to paramedic, intermediate and paramedic refresher, and challenge courses.

1. The ALS Training Program shall make all notifications and maintain all documentation required by R9-25-407 or R9-25-404(B)(4) separately for each course.
2. The ALS Training Program shall not allow students to transfer between courses of different levels.
3. The ALS Training Program may allow students to attend didactic presentations in another course running concurrently as long as the total number of students attending the didactic presentation is in compliance with R9-25-407(C)(2)(a).

B. Concurrent Courses: The ALS Training Program may conduct a maximum of 3 concurrent ALS courses in any combination of the following: paramedic, intermediate, intermediate to paramedic. An ALS Training Program that wishes to conduct more than 3 concurrent courses shall request written authorization from the Department. Requests may be approved if the following conditions are met:

1. The training program is not currently operating under a corrective action plan.
2. The training program has not violated any provision of this Article within the previous 12 months.
3. Submit written statements from the Program Medical Director, the Program Director, and the Course Manager who will be responsible for the additional course, or courses, documenting specific details and demonstrating how each has sufficient time and resources to allocate to the proposed course, or courses, in addition to their responsibilities for current courses.

R9-25-403. Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))

A. The Medical Director of an ALS Training Program shall have the following qualifications:

1. Be licensed as a physician pursuant to A.R.S. Title 32, Chapter 13 or 17, in good standing, in the state of Arizona and maintain licensure for the term of the training program certificate.
2. Be board certified by the American College of Emergency Physicians, or the American College of Osteopathic Emergency Physicians, or hold current status in advanced cardiac life support and have worked a minimum of 2000 clinical hours in the emergency department of a licensed health care institution.

B. The medical director of an ALS Training Program shall be responsible for the following:

1. Review and approve in writing all course outlines and each lesson plan to assure they are consistent with the Arizona Advanced Life Support Curricula, dated July 22, 1994, published by and available at the Department of Health Services, Emergency Medical Services, 1651 East

Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments. The course outlines and lesson plans shall not exceed the scope of practice established pursuant to A.R.S. § 36-2205.

2. Approve the selection of lecturers in writing to assure they meet the qualifications for each lesson they teach, as contained in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1).
3. Review performance evaluations for each student. Review performance evaluations for each lecturer who teaches over 10 hours.
4. Complete and sign the Advanced Life Support Training Program Course Completion Report as shown in Exhibit K, verifying course completion and skill competency for all students completing the course.

R9-25-404. Advanced Life Support Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))

A. The ALS Training Program Director shall have the following qualifications:

1. Be currently licensed or certified for a minimum of 1 year, and in good standing, in the state of Arizona as a physician, registered nurse, or paramedic and maintain licensure or certification for the term of the training program certificate.
2. Maintain current ACLS instructor status.
3. Demonstrate and maintain at least 4160 hours of clinical experience or 180 hours of teaching experience as a physician, registered nurse, or paramedic, in prehospital care, emergency medicine, or critical care within the last 5 years.

B. The ALS Training Program Director shall be responsible for the following:

1. Schedule classes and faculty, preceptors, facilities, clinical and vehicular rotations, and equipment for each class.
2. Assure that classes and clinical and vehicular rotations are conducted as scheduled and adhere to the lesson plans and objectives.
3. Assure that faculty and equipment are present at each class.
4. Establish policy and procedures for all ALS training program courses which, at a minimum, shall include:

a. Attendance.

i. Absences and tardiness shall not exceed 16 hours.

ii. The information and learning materials presented in the didactic portion of the program shall be made up under the direction of the instructor through individual instruction or documented self study projects. This shall not constitute exemption from the requirement of subsection (B)(4)(a)(i).

iii. Clinical and vehicular absences and tardiness shall be rescheduled either prior to the official course completion date or consistent with the time limits in R9-25-307(G). A student shall arrange to make up clinical and vehicular absences or tardiness through the Program Director. Rescheduling of clinical and vehicular absences under this requirement shall not apply to the requirement of subsection (B)(4)(a)(i).

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- iv. Students who contract a contagious disease identified in R9-25-409(13) during the course shall not participate in didactic, clinical, or vehicular activities until they provide written documentation from their physician that they are no longer contagious. If all absences, without regard to reason, exceed 16 didactic hours, the student shall not be eligible to complete the course.
 - b. Grading - The Program shall establish a grading policy that requires a minimum score of no less than 75% proficiency in didactic and 80% proficiency in practical skills testing.
 5. Require and maintain the following records that contain the certificate number of the ALS Training Program and the names of the Medical Director and Training Program Director:
 - a. Attendance logs that include the class title, location, date, length of lecture, and the name of each student who attended the lecture.
 - b. A gradebook for each course that includes each student's grades for all exams, projects, and evaluations. The gradebook shall indicate if a student dropped, withdrew, or was issued an incomplete.
 - c. Clinical rotation logs for each student rotation that include the student's name, clinical area, and a description of skills completed by the student as observed by the preceptor. The logs shall be signed and dated by the preceptor responsible for the rotation.
 - d. Vehicular logs for each student rotation that include the student's name, agency's name, unit number, field incident number, a listing of the following advanced skills completed by the student: endotracheal intubation, establishing intravenous therapy, cricothyrotomy, thoracostomy, administration of any drug in the drug box, insertion of a gastric tube, cardiac electrical therapy, and communication with a base hospital as established by either the preceptor or student. The logs shall be signed and dated by the preceptor responsible for the rotation.
 - e. All examinations taken and graded in each class.
 - f. A course schedule that includes the location, date, time, division, section, topic, duration, and instructor for each class.
 - g. Skills evaluation sheets required by R9-25-407(D)(4).
 - h. Performance evaluations for each student completed and signed by the Training Program Director and the student. These evaluations shall be conducted at least once during the course and shall include: the student's name, date of evaluation, attendance record, grades, areas of proficiencies and deficiencies, and a plan for improvement if deficiencies are noted.
 - i. Assigned written projects.
 - j. Instructor evaluation forms completed by students for each course faculty member teaching over 10 hours.
 - k. Lesson plans that cover the objectives in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1).
 6. Complete the Advanced Life Support Training Program Course Completion Report as shown in Exhibit K, verifying course completion and skill competency for all students completing the course.
 7. Within 10 working days after completion of each course, submit to the Department an official course roster and a course completion report on forms provided by the Department as shown in Exhibits L and R. The course roster shall contain only the names of students that complete all didactic, clinical, and vehicular requirements outlined in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1). The ALS Training Program may submit addendum rosters after the official course completion date for students who complete all requirements within 6 months after that date.
 8. Assist each student in completing the paperwork necessary for the State and National Registry certification examinations.
 9. Coordinate with the Department for administration of all state required testing.
 10. Coordinate and schedule the National Registry Examination in compliance with The National Registry of Emergency Medical Technicians Advanced Level Examination Coordinator's Manual, published April 1992, by The National Registry of Emergency Medical Technicians, 6610 Busch Blvd., P.O. Box 29233, Columbus, Ohio 43229. The entire Coordinator's Manual is incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.
 11. Analysis of certification examination results: The ALS Training Program shall maintain a cumulative pass ratio of 70% of all students taking the certification examination.
 - C. The program director may assume the responsibilities of course manager or appoint a course manager to conduct the activities described in R9-25-405(B).
- R9-25-405. Course Manager (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))**
- A. The course manager of an ALS Training Program shall have the following qualifications:
 1. Hold current licensure or certification in good standing in the State of Arizona as a physician, pursuant to A.R.S. Title 32, Chapter 13 or 17; registered nurse, pursuant to A.R.S. Title 32, Chapter 15; or paramedic, pursuant to A.R.S. Title 36, Chapter 21.1.
 2. Maintain current ACLS instructor status for all paramedic level courses; maintain current ACLS provider status for all intermediate courses.
 3. Demonstrate and maintain at least 500 hours of clinical or 40 hours teaching experience in prehospital care, emergency medicine, or critical care within the last 2 years.
 - B. The course manager shall be responsible for the following:
 1. Assure adherence to the lesson plans and objectives of the didactic portion of the course by attending at least a portion of each didactic presentation.
 2. Assure adherence with the behavioral objectives of the rotations by meeting with the department head of the institution and service which provide the clinical and vehicular rotations: to,
 - i. Provide and review the behavioral objectives, and preceptor qualifications, and
 - ii. Responsibilities for each rotation.
 3. Collect and forward documents required under R9-25-404(B)(4) to the Training Program Director.
- R9-25-406. Faculty and Preceptor Qualifications (Autho-**

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rized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

- A. The ALS Training Program shall utilize faculty and preceptors currently licensed or certified in the state of Arizona that meet the qualifications for the topic being taught contained in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1).
- B. Clinical preceptors shall be employed by a health care institution licensed by the state of Arizona or an EMS provider operating in the state of Arizona.
- C. Vehicular Preceptors for paramedic and intermediate to paramedic students shall be:
1. A paramedic with current Arizona state certification, in good standing, which has been valid for a minimum of 2 years as a paramedic; or
 2. A physician with 4160 hours of prehospital emergency medicine, or critical care experience within the last 5 years; or
 3. A registered nurse who has:
 - a. Either:
 - i. Documented proficiency in advanced airway management, central intravenous access, intraosseous access, and needle thoracostomy according to the standards for these skills contained in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1), and verified by the Medical Director; or
 - ii. Performs the skills identified in subsection (C)(3)(a)(i) as a part of their current nursing practice; and
 - b. Either:
 - i. Demonstrate and maintain 4160 hours emergency medicine, critical care, or prehospital care clinical or teaching experience within the last 2 years; or
 - ii. Demonstrate and maintain 200 hours experience as an instructor in an ALS Training Program with vehicular preceptor experience within the last 2 years.
- D. Vehicular Preceptors for intermediate students shall be:
1. An intermediate or paramedic with current Arizona state certification, in good standing, which has been valid for a minimum of 2 years as an intermediate or paramedic; or
 2. A physician who demonstrates and maintains 4160 hours of prehospital emergency medicine, or critical care experience within the last 5 years; or
 3. A registered nurse who has:
 - a. Either:
 - i. Documented proficiency in advanced airway management, central intravenous access, intraosseous access, and needle thoracostomy according to the standards for these skills contained in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1), and verified by the Medical Director; or
 - ii. Performs the skills identified in subsection (D)(3)(a)(i) as a part of their current nursing practice; and
 - b. Either:
 - i. Demonstrate and maintain 2080 hours emergency medicine, critical care, or prehospital care clinical or teaching experience within the last 2 years; or

- ii. Demonstrate and maintain 200 hours experience as an instructor in an ALS Training Program with vehicular preceptor experience within the last 2 years.

R9-25-407. Advanced Life Support Training Program Course Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))

A. Department Notifications

1. The ALS Training Program shall include its certificate number on all correspondence with the Department.
2. At least 45 days prior to commencing each course, the ALS Training Program shall submit to the Department:
 - a. A course approval application as shown in Exhibit I.
 - b. A prospective course roster listing all students to be screened for the course on the form as shown in Exhibit G.
 - c. A course schedule that satisfies the curricula requirements listed in subsection (D) to include: the date of each class, the division and section of Arizona Advanced Life Support Curriculum to be covered in each class, the topic, class duration, class location, and the identity of the faculty for each lecture. The Department shall notify the ALS Training Program in writing within 30 days after it receives notice of the course schedule whether the schedule satisfies the curriculum requirements or has deficiencies. The Department shall reject a schedule that does not satisfy the requirements in subsection (D) and shall notify the ALS Training Program of the deficiencies in writing. The ALS Training Program shall submit an amended schedule within 14 days after receiving the notification. The ALS Training Program shall not commence training until it submits a course schedule that complies with this Section and is approved by the Department in writing.
3. The ALS Training Program shall submit to the Department the active course roster as shown in Exhibit G within 15 days of course commencement.
4. The ALS Training Program shall notify the Department of any changes in the Training Program Director or faculty within 10 working days of the change.

B. Student Selection Requirements

1. Each ALS Training Program shall develop a written entrance examination with a minimum of 100 questions utilizing 1 absolutely correct answer, 1 incorrect answer, and 2 distractors neither of which is "all of the above" or "none of the above", that covers the following:
 - a. Medicolegal, Patient Handling, and Transportation 6 questions
 - b. Anatomy and Physiology and Patient Assessment 6 questions
 - c. Breathing, Resuscitation, and Cardio Pulmonary Resuscitation 25 questions
 - d. Wounds, Bleeding, Shock, and Pneumatic Anti-Shock Garments 14 questions
 - e. Medical Emergencies 14 questions
 - f. Injuries to the Head, Neck, Spine, Abdomen, and Genitalia 11 questions
 - g. Fractures and Dislocations 6 questions
 - h. Environmental Emergencies and Hazardous Materials 6 questions
 - i. Emergency Childbirth 6 questions
 - j. Psychological Aspects 6 questions
2. Each applicant shall have 1 attempt to complete the written entrance examination with a minimum score of 75%

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- to be eligible to continue the screening process.
3. Each applicant shall have 1 attempt to demonstrate proficiency in patient trauma assessment and 1 random skill, utilizing the Basic Level Practical Examination Forms contained within The National Registry of Emergency Medical Technicians EMT-Basic Practical Examination Users Guide, previously incorporated by reference at R9-25-304(B)(11), in order to be eligible to continue the screening process.
 4. The ALS Training Program shall convene an oral interview board for the purpose of selecting and ranking applicants. The oral interview board shall consist of a maximum of 5 members, which shall include:
 - a. The Training Program Medical Director; and
 - b. The Training Program Director; and
 - c. At least 1 licensed or certified individual who either teaches or works in prehospital care.
 5. The Training Program oral interview process shall be designed to exclude bias.
 6. The Training Program oral interview board shall:
 - a. Develop written oral interview questions and benchmarks that assess an applicant's motivation, critical thinking, reasoning, judgment skills, and medical knowledge.
 - b. Disclose to each applicant prior to beginning the interview the number of questions to be asked and that no interview shall exceed 60 minutes.
 - c. Prior to the oral interview process, each board member shall receive a list of applicant names. A board member shall not have a personal relationship with any applicant or receive any direct or indirect financial remuneration from any applicant on the selection list. If a board member has a personal relationship or receives any direct or indirect financial remuneration from an applicant, the board member shall not participate in the selection process for that applicant.
 - d. Assure that all applicants are screened with all board members present for each entire interview.
 - e. Assure that identical questions are read to each applicant in the same manner.
- C. Class Structure
1. Facility Requirements. The ALS Training Program shall ensure that each didactic session be held in a facility that provides:
 - a. Restrooms within the building or campus, accessible or key available in the classroom during class hours.
 - b. A minimum of 1 chair and desk or table space per student.
 - c. A temperature range between 65°F. and 85°F.
 - d. Lighting that evenly illuminates the room to allow the student to function within the classroom setting.
 - e. An environment that is reasonably free of visual and auditory distractions.
 2. Class size.
 - a. Didactic: Each ALS Training Program course shall be limited to 24 students. In the lecture format, the ALS Training Program may combine 2 paramedic, intermediate, or intermediate to paramedic courses for a maximum of 48 students. This combined group of 2 courses shall not exceed 60 hours of the total didactic curriculum. The Training Program shall not allow students enrolled in a refresher or challenge course to attend a paramedic, intermediate, or intermediate to paramedic course.
 - b. Skills: Skills instruction and evaluation shall be limited to a maximum ratio of 8 students to 1 instructor. The ALS Training Program shall not combine courses for skills instruction or evaluation.
- D. Curriculum Requirements
1. Each course conducted by the ALS Training Program shall adhere to the requirements of the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1).
 2. Training for a protocol adopted pursuant to A.R.S. § 36-2205 subsequent to the effective date of this rule, shall not be implemented until the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1), is amended to cover the protocol.
 3. The ALS Training Program shall assure total completion of the course by offering make-up sessions for all classes required for certification that are canceled during a course.
 4. For skills evaluation, the ALS Training Program shall utilize the Advanced Level and Paramedic Practical Examination forms, contained within The National Registry of Emergency Medical Technicians Advanced Level Examination Coordinator's Manual, previously incorporated by reference at R9-25-404(B)(10).
- E. Body Substance Isolation. The ALS Training Program shall comply with, and assure that its contracts with institutions and services require compliance with, the procedures described in Bloodborne Pathogens, 29 CFR § 1910.1030, amended July 1, 1995, previously incorporated by reference at R9-25-301(B)(1)(h), and §§ II and IV of The Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers published by the U.S. Department of Health and Human Services, February 1989, previously incorporated by reference at R9-25-301(B)(1)(h).
- F. Clinical Rotation Requirements.
1. The ALS Training Program shall assure that each student receives the required hours in each clinical area described in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1), for the training course in which the student is enrolled.
 2. The ALS Training Program shall require that clinical preceptors be present and directly observe all student related patient care.
 3. The ALS Training Program shall require that the clinical preceptors sign the student's clinical log to verify skills and the completion of the rotation.
 4. The ALS Training Program shall assure that medications, treatments, procedures, and techniques administered by the student are authorized pursuant to A.R.S. § 36-2205.
 5. The ALS Training Program shall not permit an intermediate or paramedic student to begin clinical rotations until the student has successfully completed the following lessons from the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1):
 - a. Division 2, Section 2 Assessment, 4 hours;
 - b. Division 2, Section 3 Airway, 8 hours;
 - c. Division 2, Section 4 Shock, 4 hours; and
 - d. Division 2, Section 5 Pharmacology, 8 hours.
- G. Vehicular Rotation Requirements.
1. The ALS Training Program shall assure that each student receives the required hours of vehicular training described in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by ref-

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- erence at R9-25-403(B)(1).
2. The ALS Training Program shall not permit an intermediate student to begin vehicular rotations until the student successfully completes the lesson objectives described in subsection (F)(5).
 3. The ALS Training Program shall not permit a paramedic or intermediate to paramedic student to begin vehicular rotations until the student successfully completes the lesson objectives described in subsection (F)(5) and an advanced cardiac life support course.
 4. The ALS Training Program shall assure that a ratio of 1 preceptor to 1 student is maintained for all vehicular rotations.
 5. The ALS Training Program shall require that the preceptor be present and observe all student-related patient care and co-sign the field incident report form.
 6. The ALS Training Program shall assure that medications, treatments, procedures, and techniques administered by the student are authorized pursuant to A.R.S. § 36-2205.
- H. Examinations.**
1. The ALS Training Program may develop and shall keep on file course examinations, in addition to the final examination, given at the discretion of the Training Program Director or Medical Director.
 2. Prior to the completion of the course, the ALS Training Program shall develop and administer final comprehensive written and practical examinations to all students.
 3. The written examination shall consist of 150 multiple choice questions utilizing 1 absolutely correct answer, 1 incorrect answer, and 2 distractors, neither of which is "all of the above" or "none of the above," covering the learning objectives of the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1), utilizing the following blueprints:
Intermediate:

Division 1 - Prehospital	20 questions
Division 2 - Preparatory	20 questions
Division 3 - Trauma	40 questions
Division 4 - Medical	40 questions
Division 5 - Obstetrics, Gynecology, Neonatal	15 questions
Division 6 - Psychology	15 questions

Paramedic and Intermediate to Paramedic:

Division 1 - Prehospital	20 questions
Division 2 - Preparatory	25 questions
Division 3 - Trauma	20 questions
Division 4 - Medical	40 questions
Division 4 - Cardiology	30 questions
Division 5 - Obstetrics, Gynecology, Neonatal	10 questions
Division 6 - Psychology	5 questions
 4. The minimum passing grade on the final written comprehensive examination shall be no less than 75%.
 5. The ALS Training Program may allow a student a maximum of 3 attempts to pass the final written comprehensive examination. If a student does not attain a minimum passing grade on the 3rd attempt, that student shall be considered ineligible to complete the program. To be eligible for certification, the student shall reapply to, be accepted by, and successfully complete an entire training program.
 6. The ALS Training Program shall administer a final comprehensive practical skills examination utilizing the forms required in subsection (D)(4) following completion of the didactic, clinical, and vehicular components of the course.
7. The minimum passing grade on the final comprehensive practical skills examination shall be 80% of possible points in each skill. Meeting any of the critical criteria listed on the testing form shall result in automatic failure of that station, regardless of the total of points accumulated.
 8. The ALS Training Program may allow a student a maximum of 3 attempts to pass each skill of the final comprehensive practical examination. If a student does not attain a minimum passing grade, for each skill, on the 3rd attempt that student shall be considered ineligible to complete the program. To be eligible for certification, the ineligible student shall reapply to, be accepted by, and successfully complete an entire training program.
- I. The ALS Training Program shall allow students who have failed to complete clinical or vehicular requirements no more than 6 months from the official course completion date to complete the requirements. The ALS Training Program shall fail students who do not complete all requirements within 6 months. If the student does not complete all requirements within 6 months, the student shall be considered ineligible to complete the course. To be eligible for certification, the ineligible student shall reapply to, be accepted by, and successfully complete an entire training program.**
- J. The ALS Training Program may offer ALS Challenge Courses that shall be separate from all other ALS training courses:**
1. An ALS Training Program may accept a student into a Challenge Course who holds current EMT-Basic certification in Arizona and meets 1 of the following standards:
 - a. Was certified as an Arizona paramedic or intermediate, whose certification has lapsed, or
 - b. Is currently certified as a paramedic in another state or is registered as a paramedic with the National Registry of Emergency Medical Technicians, or
 - c. Has successfully completed an Arizona certified paramedic or intermediate training course but was not successful in completing the testing process for State certification.
 2. An ALS Training Program which accepts a challenge applicant shall evaluate the applicant's current level of competency in paramedic or intermediate skills required by Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(b).
 3. Upon completion of the course, the ALS Training Program shall administer the same written and practical final examinations utilizing the same grading criteria as described in subsections (H)(4) and (7).
 4. The ALS Training Program shall provide a certificate of course completion to an applicant who successfully completes course requirements and attains a minimum passing grade on the written and practical final examinations. The certificate shall be signed by the Medical Director and Training Program Director verifying that the applicant meets all training requirements to apply for certification.
 5. The ALS Training Program may allow a student a maximum of 3 attempts to attain a minimum passing grade on the written and practical final examinations. If the student does not attain the minimum passing grade on the final attempt, the student shall be considered ineligible to complete the program. The student shall reapply to, be accepted by and complete a new challenge course to be eligible to apply for certification.
- K. The ALS Training Program may offer paramedic and intermediate**

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diate refresher courses which meet the refresher course requirements in the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(b).

- L. The ALS Training Program shall retain all student records from all ALS courses for 2 years from the date of course commencement. These records shall include the student's name, attendance record, grades, practical skills evaluations including clinical and vehicular records, course schedules, and master copies of all examinations.

R9-25-408. Trainee Prerequisites (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(1) and (3))

- A. Each applicant shall be certified in Arizona as an EMT-Basic or EMT-Intermediate prior to applying to the ALS Training Program.
- B. Each applicant shall be employed by, or volunteer with, an agency providing patient care for emergency medical patients for a minimum of 1 year prior to the starting date of the course.
- C. Each applicant shall be at least 18 years of age prior to applying to the ALS Training Program.
- D. Each applicant shall provide proof of:
 1. TB testing or chest x-ray with a negative result within 6 months prior to application.
 2. Immunity to Rubella (German Measles) determined as follows:
 - a. Persons born before January 1, 1942, are considered immune to Rubella (German Measles).
 - b. Persons born on or after January 1, 1942, are considered immune to Rubella if:
 - i. The person has a documented record of having received 1 dose of live Rubella vaccine since June 1, 1969, on or after their 1st birthday, or
 - ii. The person has documented laboratory confirmation of immunity to Rubella. Physician diagnosis is not acceptable.
 3. Immunity to Rubeola (Measles) determined as follows:
 - a. Persons born before January 1, 1957, are considered immune to Rubeola and Mumps.
 - b. Persons born on or after January 1, 1957, are considered immune to Rubeola if:
 - i. The person has a documented record of having received 2 doses of live Measles vaccine since January 1, 1968, on or after their 1st birthday, or
 - ii. The person has documented laboratory confirmation of immunity to Rubeola. Physician diagnosis is not acceptable.

R9-25-409. Disclosure Documents (Authorized by A.R.S. § 36-2202(A)(4))

The ALS Training Program shall provide all trainee applicants with the following information, in writing:

1. A description of the ALS Training Program curriculum and graduation requirements.
2. A list of books, equipment, and supplies that the applicant shall purchase.
3. A notification that the ability to perform certain physical activities is a mandatory requirement for both graduation and state certification and that the inability to perform these activities may disqualify the applicant from both graduation from the ALS Training Program and state certification.
4. A notification that it is the responsibility of the applicant to complete the ALS Training Program course, including final testing, within 6 months of the official course completion date to be eligible for graduation.

5. A copy of ALS Training Program policies and procedures that govern student conduct.
6. Notification that a paramedic, intermediate to paramedic, or intermediate applicant shall successfully complete all written and practical examinations and all clinical rotations to be eligible for State certification.
7. Notification that the requirements for paramedic and intermediate certification are located in the Arizona Administrative Code Title 9, Chapter 25, Article 6, and can be found in public libraries.
8. Notification that the Department does not regulate or insure the financial viability of the ALS Training Program.
9. Notification that the student is required to maintain current Arizona EMT-Basic or EMT-Intermediate certification throughout the training course, or be expelled from the course.
10. Notification that a student enrolled in a paramedic course who is not able to meet the minimum requirements to graduate from the course as a paramedic shall not qualify to graduate as an intermediate.
11. Notification of required proof of immunity or immunization and negative TB test as required in R9-25-408(D).
12. Notification that a student shall provide evidence of annual TB testing while enrolled in the program.
13. Notification that a student who contracts Tuberculosis, Rubella, Rubeola, Mumps, Varicella, or Hepatitis during the course, shall comply with the attendance policies of the course, and shall not be allowed participate in didactic, clinical, or vehicular activities until they provide written documentation from their physician that they are no longer contagious.
14. Notification of requirements that are specific to each clinical or vehicular rotation that a student must meet before beginning the rotation, which may include a physical examination or drug screening, or both.

R9-25-410. Quality Management Program (Authorized by A.R.S. §§ 36-2202(A)(4), and 36-2204 (1), (3), (4), and (10))

- A. Application by the ALS Training Program for certification or recertification shall constitute agreement for participation in the quality management program.
- B. During the term of certification, the Department's representatives may evaluate the quality of the Training Program pursuant to the rules established in this Article.
- C. Evaluation may consist, in whole or in part, of the following components:
 1. Site visits may be conducted as follows:
 - a. Each site visit may consist of the Department's representative attending a scheduled class to observe the training scheduled to occur, review the required records, interview students, and inspect equipment, supplies, and the physical location. The Department shall notify the Training Program Director of the site visit at least 24 hours prior to the visit.
 - b. During the visit, the Training Program Director or assigned faculty shall make available to the Department's representative all requested records pertaining to the course.
 - c. During the site visit the Department's representative may evaluate:
 - i. Records Management - The accuracy and currency of all records and paperwork required by this Article.
 - ii. Classroom Structure - The physical conditions in the classroom as required in R9-25-407(C).
 - iii. Equipment and supplies as required in Exhibit I.

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or as part of the ALS Training Program's Initial Certification application required in R9-25-401(B)(1)(f) and (g).

- iv. Faculty compliance with the learning objectives of the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1), for each class.
 - v. At the conclusion of each site visit, the Department's representative may meet with the assigned faculty and verbally review the evaluation, including feedback and recommendations of the Department's representative. The Department shall prepare and provide a written report of the site visit to the Training Program Director within 10 working days after completion of the site visit. If the written report contains a request for a corrective action plan, the report shall refer to the applicable sections of the rules for guidance.
2. The Department may conduct customer service surveys of students, faculties, preceptors, and agencies contracted with the training program to provide clinical and vehicular rotations.
- a. The surveys shall contain:
 - i. The ALS Training Program's name.
 - ii. The Training Program Director's name.
 - iii. The Training Program Medical Director's name, and
 - iv. Questions relevant to the respondent's interaction with the training program to determine the training program's compliance with this Article.
 - b. The survey question design shall elicit a "yes" or "no" response with space for comments.
 - c. The Department shall maintain the results of each survey for the duration of the Training Program's current certificate and shall forward a copy to the ALS Training Program Director.
 - d. Any survey that is returned with a "no" response shall be audited by the Department in the context of other responses to determine whether a rule violation has occurred. If a violation occurred, the Department shall notify the ALS Training Program which shall develop a corrective action plan as described in this rule.
- D. If corrective action is necessary, the ALS Training Program shall develop a corrective action plan within 20 working days of notification by the Department. The ALS Training Program shall submit the corrective action plan to the Department for approval. A corrective action plan shall include:
- 1. The specific program deficiency, including the rules vio-

lated, as determined by the Department.

- 2. The plan for correction of the deficiency, which shall include:
 - a. A step by step procedure that the Training Program shall follow to correct the deficiency, and
 - b. A time-line for implementation that corrects the deficiency without delay.
- E. If the Training Program fails to develop a corrective action plan, develops a corrective action plan that does not comply with this rule, or the Training Program is unable to meet the terms of the plan, the Department may initiate administrative proceedings against the Training Program's certificate. These proceedings may result in a letter of censure, probation, suspension, or revocation of the Training Program's certificate.

R9-25-411. Letter of Censure, Probation, Suspension, Revocation of Certificate (Authorized by A.R.S. § 36-2202(A)(4)).

- A. The Director may issue a letter of censure, place on probation, suspend, or revoke an ALS Training Program certificate, in whole or in part, if any of its owners or operators, officers, agents, or employees:
 - 1. Violate any of the rules in this Chapter.
 - 2. Knowingly commit, aid, permit, or abet the commission of any crime involving medical or health related services.
 - 3. Submit to the Department information required by this Article that any of its owners or operators, officers, agents, or employees knew, or should have known, was false.
 - 4. Refuse Department personnel access to inspect facilities, equipment, or documents.
- B. The Department may request an informal interview with the ALS Training Program, if it determines that an event listed in subsection (A) of this rule may have occurred.
- C. The Director may take the following action against the certificate if the occurrence of an event listed in subsection (A) is substantiated:
 - 1. Issue a letter of censure or an order of probation.
 - 2. Suspend or revoke a certificate after notice and opportunity to be heard is given according to the procedures described in A.R.S. Title 41, Chapter 6, Article 6 or 9 A.A.C. I, Article I.
- D. The Department may suspend or revoke the certificate of an ALS Training Program during an active training course for failure to conform to the rules of this Article. In the event that the ALS Training Program's certificate is suspended or revoked during an active training course, the Department may refuse to certify graduates of that Training Program if it determines that the graduates did not satisfy all course requirements. If such a determination is made all students and graduates, who have not been previously certified, shall be so notified in writing by the Department.

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EXHIBIT I

**EMERGENCY MEDICAL SERVICES
ADVANCED LIFE SUPPORT TRAINING PROGRAM APPLICATION
FOR CERTIFICATION / RECERTIFICATION / COURSE APPROVAL**

(Mark one)

_____ New Certificate

Recertification (certificate number)

Approval of a course to be conducted under certificate number _____

Indicate the level of the course:

_____I-EMT

____ Paramedic

_____ I-EMT Refresher

____Paramedic Refresher

_____I-EMT Challenge

_____Paramedic Challenge

I-EMT to Paramedic

Name of Applicant (Training Institution):	Location of Classroom:
List the names of all owners and corporate officers (attach additional sheet[s] if needed):	List all ALS training program certificates currently or previously held by the training program or its owners or corporate officers:
Mailing address:	Course Dates: Start: End: Day(s) of week: Times:
Medical Director:	Medical Director's phone number:
Program Director:	Program Director's phone number:
Course Manager:	Course Manager's phone number:

I hereby certify that the information provided in this application is correct. I verify that I have the authority to act on behalf of, and legally bind, the named agency as applicant.

Signature _____ Title _____ Date _____

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EXHIBIT J

ALS EMS TRAINING PROGRAM EQUIPMENT/SUPPLIES LIST

Quantity	Equipment
1	Moulage Kits or Casualty Simulator Kits.
2	Pair of old pants and shirts.
2	Blankets (cotton or cotton/blend).
10 rolls each size	Adhesive cloth/silk type tape - 1/2 inch, 1 inch, 2 inch, and 3 inch.
10 rolls each size	Adhesive paper/plastic type tape - 1/2 inch, 1 inch, 2 inch, and 3 inch.
24	Trauma Dressings.
1 per student	Pen Lights.
1 per student	Scissors.
3	Stethoscopes.
3	Dual head training stethoscopes.
3	Blood pressure cuffs - adult sizes.
3	Blood pressure cuffs - child size.
3	Bag-valve-mask devices - adult size.
3	Bag-valve-mask devices - pediatric size.
2	Oxygen tank with regulator and key. (Must be operational and maintain a minimum of 500psi.)
6	Oxygen masks non-rebreather - adult.
6	Oxygen masks non-rebreather - child.
6	Nasal cannulas.

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2 boxes	Alcohol preps.
1 case of each size	Gloves - (small, medium, large, and extra large).
1 case	2x2 sponges.
1 case	4x4 sponges.
1 case	5x9 sponges.
2 cases	Roller gauze.
1 box	Vaseline gauze or occlusive dressings.
2	Traction splint devices.
2	Vest type immobilization devices.
2	Long spine boards with three (3) 9 foot straps per board.
3 of each size	Cervical collars (small, regular, medium, large, and extra large). NOTE: (Soft collars and foam types are not acceptable.)
2	Head immobilization materials/devices.
2	Pneumatic Anti-Shock Garments - adult.
2	Pneumatic Anti-Shock Garments - child.
1 set	Mobile or portable transmitter/receivers or hand held walkie talkies with fully charged batteries.
1	Ambulance stretcher.
1	Bottle of activated charcoal.
1	Oral glucose tube.
2	Portable suction device.
3	Rigid suction catheters.
3	Flexible suction catheters.

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2 of each size	Oropharyngeal airways.
2 of each size	Nasopharyngeal airways.
2 of each size	Rigid splints (6 inch, 12 inch, 18 inch, 24 inch, and 36 inch).
2	Burn sheets.
2	OB kits.
8 Bottles	Sterile water.
2	CPR Mannikins - adult.
2	CPR Mannikins - child.
2	CPR Mannikins - infant.
4 per mannikin	Replacement lungs.
1 case	CPR face shields.

1 box	IV Catheter - Butterfly.
1 box	IV Catheter - 24 Gauge.
1 box	IV Catheter - 22 Gauge.
1 box	IV Catheter - 20 Gauge.
1 box	IV Catheter - 18 Gauge.
1 box	IV Catheter - 16 Gauge.
1 box	IV Catheter - 14 Gauge.
1 box	IV Catheters central line catheter or intra-cath.
1 unit	Monitor/Defibrillator.
1 unit	Arrhythmia Simulator.

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1 box	Electrodes.
1 unit	Arrhythmia Annie.
1 unit	Intubation Mannikin - adult.
1 unit	Intubation Mannikin - pediatrics.
1 set	Laryngoscope Handle and Blades - 1 complete set MAC or Miller.
1 set	Endotracheal Tubes - 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, and 8.5.
1	Stylet.
1 box	1 cc Syringes.
1 box	3 cc Syringes.
1 box	5 cc Syringes.
1 box	10 cc Syringes.
1 box	30 cc Syringes.
1 unit	IV Infusion Arm With Flashback.
10 Bags	IV Fluids - D5W.
10 Bags	IV Fluids - Normal Saline or lactated ringers.
10 Sets	IV Tubing - Mini.
10 Sets	IV Tubing - Standard.
10 Sets	IV Tubing - Blood.
1	Box for Sharps.
1	IV Stand.
1	Invasive Skills Mannikin - Crico, Central Lines.
1	Magill Forceps.
1	Hemostat.
3	IV Tourniquets.

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3	Scalpels.
1	Simulated Drug Boxes.

NOTE: A box, roll, or case must be unused to be counted toward the minimum requirements. Sets and units must be complete to be counted toward the minimum requirement.

EXHIBIT K

**ARIZONA DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

**ADVANCED LIFE SUPPORT TRAINING PROGRAM
COURSE COMPLETION REPORT**

This report must be submitted with an Official Class Roster (form OEMS-005).

Program name _____ Certificate number _____

Program Director's name (print) _____

Medical Director's name (print) _____

Date of completion _____ Course type _____

I, as Medical Director of this training program, verify that I understand and have complied with all requirements of the Arizona Administrative Code R9-25-403.

I, as Program Director of this training program, verify that I understand and have complied with all requirements of the Arizona Administrative Code R9-25-404.

We verify that each student on the attached official class roster has:

- 1. Achieved competency of every stated objective for didactic, clinical, and vehicular components of the Arizona Advanced Life Support Curriculum.*
- 2. Met the minimum contact hour requirements for didactic, clinical, and vehicular components as stated in the Arizona Advanced Life Support Curriculum.*
- 3. Demonstrated proficiency in all skills encompassed in the Arizona Advanced Life Support Curriculum by successfully performing the procedure on live patients, cadavers, mannikins or a combination of these.*

By affixing our signatures to this form we verify that each student listed on the Official Class Roster has successfully completed all requirements of the Arizona Advanced Life Support Curriculum. We verify that records required by Arizona Administrative Code, Title 9, Chapter 25, Article 4, are available for inspection on request.

Medical Director Date

Program Director Date

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ARTICLE 5. BASIC LIFE SUPPORT CERTIFICATION

R9-25-501. Certification Application Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6))

A. Applicant Prerequisites: An applicant for certification as an EMT-Basic shall satisfy the following requirements:

1. General Requirements. An applicant shall:
 - a. Be at least 18 years of age.
 - b. Submit a completed application for certification to the Department on a form as shown in Exhibit L.
 - c. Verify that within the last 6 months, the applicant has not used:
 - i. Illegal drugs or substances; or
 - ii. Controlled drugs not prescribed for the applicant.
 - d. Verify that he or she is not addicted to the use of alcohol and within the last 6 months has not consumed alcohol at work or while attending class at school.

2. EMT-Basic applicant requirements. An applicant shall provide evidence of successful completion of an EMT-Basic Training Program course certified by the Department, completed in accordance with the requirements described in R9-25-307(C).

B. Physical Requirements. Each applicant shall submit a signed statement on a form provided by the department as shown in Exhibit M verifying that he or she possesses the physical abilities and health status necessary to perform the job requirements of an EMT-Basic as listed on the form.

C. Good Character Requirements. An applicant shall certify on a form provided by the Department as shown in Exhibit N that the applicant has not been convicted of, or admitted committing, any of the following crimes:

1. Sexual abuse of a minor;
2. Driving under the influence within the last 2 years;
3. First or 2nd degree murder;
4. Kidnapping;
5. Arson;
6. Sexual assault;
7. Sexual exploitation of a minor;
8. Contributing to the delinquency of a minor;
9. Commercial sexual exploitation of a minor;
10. Felony offenses involving distribution of marijuana, or dangerous or narcotic drugs;
11. Burglary;
12. Robbery;
13. Theft;
14. A dangerous crime against children as defined in A.R.S. § 13-604.01;
15. Child or adult abuse;
16. Sexual conduct with a minor;
17. Molestation of a child;
18. Manslaughter;
19. Aggravated assault;
20. Flight to avoid prosecution; or
21. A felony or misdemeanor involving moral turpitude.

R9-25-502. Applicant Screening Process (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1) and (6))

- A. Any applicant, who has been convicted of, or admitted committing, any of the crimes listed in R9-25-501(C)(1) through (21) shall be denied certification unless the applicant has been granted an exception for good cause pursuant to the requirements of subsection (B);
- B. An applicant who would otherwise be ineligible for certification because of prior criminal acts may apply to the Director in

accordance with the requirements and procedures in this Section for an exception for good cause permitting certification. The applicant shall submit, or cause to be submitted, under penalty of perjury, to the Director, the following information:

1. A copy of the record of conviction, if applicable; and
2. A copy of reports relevant to the criminal offense, such as probation, presentence reports, or parole or community supervision termination reports.
3. Other evidence of the applicant's moral fitness, including letters of recommendation from law enforcement, prosecution, or correctional officers.
4. Documentation substantiating the applicant's record of employment, record of support of dependents, and record of good conduct, and whether the applicant has paid all outstanding court costs, supervision fees, fines, and restitution as may have been ordered by a court of law.
5. A signed statement providing the following:
 - a. A description of the nature and seriousness of the criminal offense;
 - b. The nature and extent of the applicant's conviction;
 - c. The applicant's age at the time the applicant committed the criminal offense; and
 - d. The amount of time that has elapsed since the applicant's last criminal offense, release from incarceration, probation, parole, community supervision, or supervised release.
6. Supporting documentation providing the following:
 - a. Evidence of rehabilitative effort and lack of recidivism; and
 - b. A description of the applicant's conduct and work activity before and after the criminal offense.
7. Information relating to the potential job including responsibilities, plans for supervision, and hours and days of employment.
- C. The documents provided to the Director in accordance with subsection (B) shall be accompanied by the following statement signed by the applicant: "I affirm under the penalty of perjury that the information contained herein is true and correct".
- D. The Director shall consider whether to allow an exception for good cause unless the individual has been convicted of, or admitted committing, any of the following offenses, or any similar offenses in any state or jurisdiction:
 1. Sexual abuse of a minor;
 2. First or 2nd degree murder;
 3. Sexual assault;
 4. Sexual exploitation of a minor;
 5. Commercial sexual exploitation of a minor;
 6. A dangerous crime against children as defined in A.R.S. § 13-604.01;
 7. Child or adult abuse;
 8. Sexual conduct with a minor;
 9. Molestation of a child; or
 10. Felony offenses involving distribution of marijuana, or dangerous or narcotic drugs.
- E. The Director shall review the documentation and any additional relevant information and grant a good cause exception if the Director determines that there is a reasonable likelihood that the applicant:
 1. Is rehabilitated and has assumed a role as a responsible, law-abiding citizen; and
 2. Possesses unique or exceptional skills, education, training, or experience relating to providing EMT-Basic services; and
 3. Does not present a risk to the health, welfare, or safety of patients.

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- E. The Director shall notify the applicant of the decision approving or denying the exception.
- G. Any misrepresentation or concealment of fact by an applicant shall be grounds for denial or revocation of a good cause exception by the Director.
- H. Any denial of certification or exception request pursuant to R9-25-502 shall be in the form of a written order signed by the Director or the Director's designated representative.
- I. All criminal justice information received from the Department of Public Safety shall be confidential and shall not be available for public record review.
- J. If an application for certification or exception is denied, the applicant may request a hearing within 15 days of the date of receipt of the notice of denial. A hearing on the denial shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6 or 9 A.A.C. 1, Article 1.

R9-25-503. Denial of Application (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1) and (6))

The Department shall deny an application for certification as a EMT-Basic from an applicant who is on parole, probation, supervised release, or is presently incarcerated for any criminal conviction.

R9-25-504. Examinations for Initial Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1), (2), and (6))

- A. Applicants shall pass written and practical examinations for EMT-Basic certification administered in accordance with the standards of The National Registry of Emergency Medical Technicians Policy and Procedures Manual, published 1992, by The National Registry of Emergency Medical Technicians, 6610 Busch Blvd., P.O. Box 29233, Columbus, Ohio 43229, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments. However, when the contents of the manual are inconsistent with this Chapter, this Chapter shall take precedence. These examinations shall not be required for an applicant with a current and valid National Registry certification who is in good standing.
- B. Applicants shall be given 3 opportunities to attain a passing score on all examinations, which shall be taken within 1 year after the official completion date of the training program.
- C. An applicant who has failed to pass the written or any of the practical examinations after the 3rd attempt shall repeat an entire certified EMT-Basic Training Program prior to reapplication.

R9-25-505. Duration of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1) and (6))
EMT-Basic certification shall be valid for a period of 2 years.

R9-25-506. Out of State Applicants (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1), (2), and (6))

- A. An applicant who holds current and valid certification as an EMT-Basic in good standing issued by another state or jurisdiction shall be certified in Arizona after meeting the following requirements:
 - 1. Compliance with all requirements described in R9-25-501 and R9-25-502.
 - 2. Submission of a completed application on a form provided by the Department as set forth in Exhibit I.
 - 3. Submission of evidence of a current and valid certification issued by the National Registry of Emergency Medical Technicians, or a state, or a political subdivision.
 - 4. After December 31, 1998, submission of written verification from a certified Training Program or ALS Base Hospital of having successfully completed training that meets

the requirements of the Arizona BLS Curriculum in the following:

- a. Semi-automatic defibrillator,
- b. Patient-Assisted medications,
- c. Blood glucose monitoring,
- d. Patient assessment,
- e. SIDS (Sudden Infant Death Syndrome), and
- f. IV monitoring.

- B. If an out-of-state applicant does not hold a current and valid certification issued by the National Registry of Emergency Medical Technicians, the applicant shall apply for and successfully complete the written and practical examinations for EMT-Basic certification administered or approved by the Department in accordance with the requirements of the National Registry of Emergency Medical Technicians.
- C. Certification issued to an applicant meeting the requirements under this Section shall be valid for 2 years.

R9-25-507. Applicants With Disabilities (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1), (2), and (6))

- A. Special examination accommodations may be made for individuals with diagnosed learning disabilities in the areas of reading decoding or reading comprehension, or some form of documented disability or cognitive processing deficit which would negatively affect an applicant's performance on the written examination.
- B. No special accommodations shall be made for the practical examination.
- C. Applicants requesting special accommodations for the written examination shall submit the request to the Medical Director at least 30 days prior to the date of the written examination together with evidence that documents the diagnosis of a learning disability in the area of reading decoding or reading comprehension based upon the results of a standardized psychoeducational assessment including a standardized measure of intelligence and a standardized measure of achievement in reading decoding or reading comprehension.
- D. The Medical Director shall grant accommodations for 150% of the normally allotted time to complete the written examination to applicants who have obtained testing accommodations from the National Registry of Emergency Medical Technicians and have complied with this rule.

R9-25-508. Scope of Practice (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (6), and (8), and 36-2205)

- A. Individuals certified as an EMT-Basic shall be authorized to provide medical treatments, procedures, medications, and techniques:
 - 1. As outlined in the Arizona Basic Life Support Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(a); or
 - 2. Having 1st completed an approved protocol training module, may perform those skills, permitted by protocol pursuant to A.R.S. § 36-2205.
- B. Individuals certified as an EMT-Basic shall be authorized to provide medical treatments, procedures, medications, and techniques described in subsection (A) only under the administrative medical control of a BLS Medical Director or ALS Base Hospital.
- C. A certified EMT-Basic shall be authorized to monitor peripheral intravenous lines after having successfully completed IV Monitoring training, by a certified BLS Training Program or ALS Base Hospital, that meets the requirements described in the Arizona Basic Life Support Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-

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303(B)(1)(a).

R9-25-509. Special Skills Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1))

A. A certified EMT-Basic shall be authorized to perform endotracheal intubation skills upon meeting the following qualifications:

1. Be employed by an EMS provider which is providing such services and has a written and signed provider agreement with an ALS Base Hospital to provide medical direction and continuing education.
2. Possess a certificate of training issued by a certified BLS Training Program or certified ALS Base Hospital documenting successful completion of endotracheal intubation training as shown in the Special Skills Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(b).
3. Successfully complete a written examination administered or approved by the Department with a score of 75% or greater within 1 year of the completion date of the advanced airway training. The EMT-Basic shall have 3 opportunities to attain a passing score. An EMT-Basic who has failed to pass the written examination after the 3rd attempt shall repeat an advanced airway training course.

R9-25-510. Recertification Requirements for EMT-Basic (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (4), and (6))

A. An applicant for EMT-Basic recertification shall have been in compliance with all requirements of this Article during the current certification period and shall submit to the Department:

1. A completed application on a form provided by the Department, as shown in Exhibit O.
2. Evidence of reregistration with the National Registry of Emergency Medical Technicians or evidence of successful completion of an EMT-Basic Refresher training course that meets the requirements described in the Arizona Basic EMT Refresher Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(c), conducted by a certified BLS Training Program or ALS Base Hospital.
3. A signed statement on a form provided by the Department, as shown in Exhibit M, verifying that he or she pos-

sesses the physical abilities and health status necessary to perform the job requirements of an EMT-Basic as listed on the form.

4. A written form accompanying the application for recertification from the BLS Medical Director responsible for the applicant's administrative medical control for the current certification period, as shown in Exhibit P.
- B. An applicant for recertification shall submit evidence of successful completion of the requirements listed in subsection (A) of this rule not less than 30 days prior to the expiration of the applicant's current certificate.
- C. An applicant who applies for recertification shall not function as an EMT-Basic, after expiration of the current certification, until recertified by the Department.
- D. Each EMT-Basic shall pass an examination administered or approved by the Department every 4 years as a condition for recertification. An applicant for recertification shall attain a passing grade of 75% on the examination. An applicant shall have 3 attempts to attain a passing grade on the examination. An applicant who fails the examination on all 3 attempts shall complete an entire EMT-Basic Training Program prior to reapplying.
- E. All applicants applying for recertification after December 31, 1998, shall have successfully completed training that meets the requirements described in the Arizona Basic EMT Refresher Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(c), to include, at a minimum, the following:
 1. Semi-automatic defibrillator.
 2. Patient-assisted medications.
 3. Blood glucose monitoring.
 4. Patient assessment.
 5. SIDS (Sudden Infant Death Syndrome), and
 6. IV monitoring.
- F. An applicant who has not applied for recertification by the expiration date of his or her certificate, and applies within the 2 year period following that expiration date, may regain certification by successfully completing the examinations required in R9-25-504, after meeting the requirements set forth in Subsections (A)(1) through (4).
- G. An applicant whose certificate has been expired for over 2 years shall meet all of the requirements for initial certification as set forth in these rules.

EXHIBIT P

Arizona Department of Health Services
Emergency Medical Services

RECOMMENDATION FOR BLS RECERTIFICATION

Applicant's Name

Social Security Number

Certification Number

Expiration Date

Applicant's Address

This is to verify that the applicant identified above has been under my administrative medical direction for a minimum of 6 months, has no performance related patient care issues that are unresolved, and is recommended for recertification pursuant to Arizona Administrative Code R9-25-510.

BLS Medical Director's Signature AZ License # Date

Applicant's Signature

Date

R9-25-511. Recertification for EMT-Basic Special Skills (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1), (4), and (6))

- A. The EMT-Basic certified to perform endotracheal intubation shall submit to the Department:
1. A completed application on a form provided by the Department, as shown in Exhibit O.
 2. Evidence of reregistration with the National Registry of Emergency Medical Technicians, or evidence of successful completion of a Basic EMT Refresher training course that meets the requirements described in the Arizona Basic EMT Refresher Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(c), conducted by a certified BLS Training Program.
 3. Evidence of successful completion of an endotracheal intubation skills workshop during the certification period covering the objectives as shown in the Special Skills Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-303(B)(1)(b).
 4. A letter recommending the applicant for recertification, signed by the ALS Base Hospital Medical Director and ALS Base Hospital Program Manager who have been responsible for administrative medical direction of the EMT-Basic during the previous 90 days.
- B. An applicant for recertification shall submit evidence of successful completion of the requirements listed in subsection (A) of this rule not less than 30 days prior to the expiration of the applicant's current certificate.
- C. An applicant who applies for recertification for EMT-Basic Special Skills shall not function as an EMT-Basic Special

Skills, after expiration of the current certification, until recertified by the Department.

- D. Each EMT-Basic shall pass an examination administered or approved by the Department every 4 years as a condition for recertification. An applicant for recertification shall attain a passing grade of 75% on the examination. An applicant shall have 3 attempts to attain a passing grade on the examination. An applicant who fails the examination on all 3 attempts shall complete an entire EMT-Basic Training Program prior to reapplying.
- E. All applicants applying for recertification after December 31, 1998, shall have successfully completed training that meets the requirements described in the Arizona Basic EMT Refresher Curriculum, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(c), to include, at a minimum, the following:
1. Semi-automatic defibrillator.
 2. Patient-assisted medications.
 3. Blood glucose monitoring.
 4. Patient assessment.
 5. SIDS (Sudden Infant Death Syndrome), and
 6. IV monitoring.

R9-25-512. Extension of Recertification Application Requirements (Authorized by A.R.S. §§ 36-2202 (A)(2), (3), and (4) and 36-2204(1), (2), and (3))

- A. An EMT-Basic who has not met the requirements of R9-25-510(A) prior to the expiration of his or her current certificate may apply for 1 extension to file for recertification. The request for extension shall be made to the Director prior to the expiration date of the current certification.

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- B. The applicant for extension shall not practice as an EMT-Basic after the expiration date of the current certification.
- C. An application for an extension shall be submitted to the Department, on an extension form provided by the Department as shown in Exhibit Q, which contains the following:
1. Applicant's name, address, and phone number;
 2. EMS Employer's name, address, and phone number;
 3. Applicant's certification number and date of expiration;
 4. Statement signed by the applicant, under penalty of perjury, that the applicant was unable to complete the recertification requirements during the effective period of the certification and verified by an attached, signed statement as follows:
 - a. Physician licensed in Arizona who provides evidence of a mental or physical disability or health problem that has precluded the applicant from meeting the recertification requirements;
 - b. Applicant's superior officer who documents that the applicant has been involved in military duty that has precluded the applicant from meeting the recertification requirements; or
 - c. Third party who supports an undue hardship claim that has precluded the applicant from meeting the recertification requirements.
- D. The request for extension shall be granted for a term no greater than 180 days.
- E. An applicant who does not meet recertification requirements prior to the expiration of their certification shall complete an entire EMT-Basic Training Program and meet requirements of R9-25-501.

R9-25-513. Inactive Status Due to Temporary Medical Condition (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(6))

- A. An applicant who is unable to meet the requirements of recertification due to a temporary medical condition may apply to be placed on an inactive status by the Director for a period of 24 months from the expiration date of the applicant's certification.
- B. An applicant shall submit to the Director:
1. Written verification from a physician describing the applicant's temporary medical condition, the date of onset, a statement estimating the length of time that the condition will be present, a description of the applicant's physical limitations, and a statement that the applicant is unable to perform the job duties of an EMT-Basic; and
 2. A written request to place the applicant's certification on inactive status pending resolution of the medical condition.
- C. The Director shall inform the applicant in writing whether the application was granted based on input from the Medical Director as to the applicant's temporary medical condition. The applicant shall not perform the job duties of an EMT-Basic during the term of inactive status.
- D. Prior to the expiration of the inactive status, the applicant may apply for recertification, and shall submit documents required in R9-25-510(A).
- E. The applicant shall pass a written examination if required by A.R.S. § 36-2202(D).

R9-25-514. Reporting Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6))

An EMT-Basic affiliated with an agency shall ensure that:

1. A 1st care form documenting all patient care provided by the EMT-Basic is completed for each patient encounter.
2. The form is signed by each EMT-Basic providing care.
3. The original or a legible copy of this report is provided to

the prehospital provider, or the nurse or physician at the receiving facility accepting transfer of patient care, and the person providing the EMT-Basic's administrative medical direction.

R9-25-515. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1), (6), and (7))

- A. Under A.R.S. § 36-2211, the following factors shall be considered unprofessional conduct:
1. Conduct as an EMT in another jurisdiction which resulted in denial, suspension, or revocation of the EMT's certificate or license.
 2. Intentionally or negligently causing physical injury to a patient under the EMT's care or treatment.
 3. Abandoning or neglecting a patient requiring emergency medical care without making arrangements to continue such care as the patient required.
 4. Performing treatment above the level of the EMT's current level of certification.
 5. Use of, or being under the influence of any, narcotic, dangerous drug, or an intoxicating beverage to the extent that the use or influence impairs the judgment of the EMT while providing service as an EMT or ambulance attendant.
 6. Obtaining, possessing, administering, or using any narcotic or controlled substance in violation of federal or state law.
 7. Willful destruction of, falsification of, or making a materially inaccurate statement on a record of patient treatment or care.
 8. Impersonation of an EMT of higher level of certification.
 9. Conviction of or admission to committing any of the crimes listed in R9-25-501(C).
- B. Under A.R.S. § 36-2211 mental or physical incompetence shall be considered a lack of mental or physical ability to perform the duties or any duty of an EMT.
- C. Under A.R.S. § 36-2211 gross incompetence or gross negligence shall be considered a willful act or omission in disregard of an individual's life, health, or safety which may cause death or injury.
- D. Under A.R.S. § 36-2211 willful fraud or misrepresentation shall be considered a false statement or action taken by an individual with the intent to directly or indirectly benefit himself or herself or mislead another.

**ARTICLE 6. ADVANCED LIFE SUPPORT
CERTIFICATION**

R9-25-601. Certification Application Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6))

- A. Applicant Prerequisites: An applicant for certification as a paramedic or intermediate shall satisfy the following requirements:
1. General Requirements. An applicant shall:
 - a. Be at least 18 years of age.
 - b. Submit a completed application for certification to the Department on a form as shown in Exhibit L.
 - c. Verify that within the last 6 months, the applicant has not used:
 - i. Illegal drugs or substances, or
 - ii. Controlled drugs not prescribed for the applicant.
 - d. Verify that he or she is not addicted to the use of alcohol and within the last 6 months has not consumed alcohol at work or while attending class at school.
 - e. Be currently certified as an EMT-Basic or EMT-

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Intermediate in the state of Arizona.

2. Paramedic applicant requirements. An applicant shall provide evidence of completion of a paramedic or intermediate to paramedic training program course certified by the Department or a challenge course completed in accordance with the requirements prescribed in R9-25-407.
3. Intermediate applicant requirements. An applicant shall provide evidence of successful completion of an intermediate training program course certified by the Department or a challenge course completed in accordance with the requirements prescribed in R9-25-407.
- B. Physical Requirements. Each applicant shall submit a signed statement on a form provided by the department as shown in Exhibit M verifying that he or she possesses the physical abilities and health status necessary to perform the job requirements of an EMT-Intermediate or EMT-Paramedic as listed on the form.
- C. Good Character Requirements. An applicant shall certify on a form provided by the Department as shown in Exhibit N that the applicant has not been convicted of, or admitted committing, any of the following crimes:
 1. Sexual abuse of a minor;
 2. Driving under the influence within the last 2 years;
 3. First or 2nd degree murder;
 4. Kidnapping;
 5. Arson;
 6. Sexual assault;
 7. Sexual exploitation of a minor;
 8. Contributing to the delinquency of a minor;
 9. Commercial sexual exploitation of a minor;
 10. Felony offenses involving distribution of marijuana, or dangerous or narcotic drugs;
 11. Burglary;
 12. Robbery;
 13. Theft;
 14. A dangerous crime against children as defined in A.R.S. § 13-604.01;
 15. Child or adult abuse;
 16. Sexual conduct with a minor;
 17. Molestation of a child;
 18. Manslaughter;
 19. Aggravated assault;
 20. Flight to avoid prosecution; or
 21. A felony or misdemeanor involving moral turpitude.

R9-25-602. Applicant Screening Process (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1) and (6))

- A. Any applicant who has been convicted of, or admitted committing, any of the crimes as listed in R9-25-601(C) shall be denied certification unless the applicant has been granted an exception for good cause pursuant to the requirements of subsection (B).
- B. An applicant who would otherwise be ineligible for certification because of prior criminal acts may apply to the Director in accordance with the requirements and procedures in this Section for an exception for good cause permitting certification. The applicant shall submit, or cause to be submitted, under penalty of perjury, to the Director, the following information:
 1. A copy of the record of conviction, if applicable;
 2. A copy of reports relevant to the criminal offense, such as probation, presentence reports, or parole or community supervision termination reports;
 3. Other evidence of the applicant's moral fitness, including letters of recommendation from law enforcement, prosecution, or correctional officers;
 4. Documentation substantiating the applicant's record of

employment, record of support of dependents, and record of good conduct, and whether the applicant has paid all outstanding court costs, supervision fees, fines, and restitution as may have been ordered by a court of law.

5. A signed statement providing the following:
 - a. A description of the nature and seriousness of the criminal offense;
 - b. The nature and extent of the applicant's conviction;
 - c. The applicant's age at the time the applicant committed the criminal offense; and
 - d. The amount of time that has elapsed since the applicant's last criminal offense, release from incarceration, probation, parole, or community supervision.
6. Supporting documentation providing the following:
 - a. Evidence of rehabilitative effort and lack of recidivism; and
 - b. A description of the applicant's conduct and work activity before and after the criminal offense.
7. Information relating to the potential job including responsibilities, plans for supervision, and hours and days of employment.
- C. The documents provided to the Director in accordance with subsection (B) shall be accompanied by the following statement signed by the applicant: "I affirm under the penalty of perjury that the information contained herein is true and correct".
- D. The Director shall consider whether to allow an exception for good cause unless the individual has been convicted of, or admitted committing, on any of the following offenses or any similar offenses in any state or jurisdiction:
 1. Sexual abuse of a minor;
 2. First or 2nd degree murder;
 3. Sexual assault;
 4. Sexual exploitation of a minor;
 5. Commercial sexual exploitation of a minor;
 6. A dangerous crime against children as defined in A.R.S. § 13-604.01;
 7. Child or adult abuse;
 8. Sexual conduct with a minor;
 9. Molestation of a child; or
 10. Felony offenses involving distribution of marijuana, or dangerous or narcotic drugs.
- E. The Director shall review the documentation and any additional relevant information and grant a good cause exception if the Director determines that there is a reasonable likelihood that the applicant:
 1. Is rehabilitated and has assumed a role as a responsible, law-abiding citizen; and
 2. Possesses unique or exceptional skills, education, training, or experience relating to providing EMT services; and
 3. Does not present a risk to the health, welfare, or safety of patients.
- F. The Director shall notify the applicant of the decision approving or denying the exception.
- G. Any misrepresentation or concealment of fact by an applicant shall be grounds for denial or revocation of a good cause exception by the Director.
- H. Any denial of certification or exception request pursuant to R9-25-602, shall be in the form of a written order signed by the Director or the Director's designated representative.
- I. All criminal justice information received from the Arizona Department of Public Safety shall be confidential and shall not be available for public record review.
- J. If an application for certification or exception is denied, the applicant may request a hearing within 15 days of the date of

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receipt of the notice of denial. A hearing on the denial shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6 or 9 A.A.C. 1, Article 1.

R9-25-603. Denial of Application (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1) and (6))

The Department shall deny an application for certification as a EMT-Intermediate or EMT-Paramedic from an applicant who is on parole, probation, supervised release, or is presently incarcerated for any criminal conviction.

R9-25-604. Examinations for Initial Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1), (2), and (6))

- A. Applicants shall pass written and practical examinations for paramedic or intermediate certification administered or approved by the Department in accordance with the National Registry of Emergency Medical Technicians Advanced Level Examination Coordinator's Manual, previously incorporated by reference at R9-25-404(B)(10). However, when the contents of this manual are inconsistent with this Chapter, this Chapter shall take precedence. These examinations shall not be required for an applicant with a current and valid National Registry certification as a paramedic or intermediate in good standing.
- B. Applicants shall be given 3 opportunities to attain passing scores on all examinations, which shall be taken within 1 year after the official completion date of the training program.
- C. An applicant who has failed to pass the written or practical examination after the 3rd attempt shall repeat a certified paramedic or intermediate training program or challenge course prior to reapplication.

R9-25-605. Duration of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(1) and (6))

Paramedic or intermediate certification shall be valid for a period of 2 years.

R9-25-606. Out of State Applicants (Authorized by A.R.S. §§ 36-2202(A)(2), (3) and (4) and 36-2204(1), (2), and (6))

- A. An applicant who holds current and valid certification as a paramedic in good standing issued by another state or jurisdiction shall be certified in Arizona after meeting the following requirements:
 1. Compliance with all requirements described in R9-25-601, R9-25-602, and R9-25-604(B);
 2. Submission of a completed application on a form provided by the Department as set forth in Exhibit I;
 3. Submission of evidence of a current and valid certification issued by the National Registry of Emergency Medical Technicians, or a state, or a political subdivision;
 4. Submission of evidence of successful completion of a challenge course as described in R9-25-407(I).
- B. If an out-of-state applicant does not hold a current and valid certification issued by the National Registry of Emergency Medical Technicians, the applicant shall apply for and successfully complete the written and practical examinations for EMT-Paramedic certification administered or approved by the Department in accordance with the requirements of the National Registry of Emergency Medical Technicians.
- C. Certification issued to an applicant meeting the requirements under this Section shall be valid for 2 years.
- D. An out of state applicant who is certified as an intermediate in another state or jurisdiction shall complete an intermediate training program in the state of Arizona prior to applying for certification.

R9-25-607. Applicants With Disabilities (Authorized by

A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (2), and (6))

- A. Special examination accommodations may be made for individuals with diagnosed learning disabilities in the areas of reading decoding or reading comprehension, or some form of documented disability or cognitive processing deficit which would negatively affect an applicant's performance on the written examination.
- B. No special accommodations shall be made for the practical examination.
- C. Applicants requesting special accommodations for the written examination shall submit the request to the Medical Director at least 30 days prior to the date of the written examination together with evidence that documents the diagnosis of a learning disability in the area of reading decoding or reading comprehension based upon the results of a standardized psychoeducational assessment including a standardized measure of intelligence and a standardized measure of achievement in reading decoding or reading comprehension.
- D. The Medical Director shall grant accommodations for 150% of the normally allotted time to complete the written examination to applicants who have obtained testing accommodations from the National Registry of Emergency Medical Technicians and have complied with this rule.

R9-25-608. Scope of Practice (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (6), and (8), and 36-2205))

- A. Individuals certified as a paramedic or intermediate shall be authorized to provide medical treatments, procedures, medications, and techniques:
 1. As outlined in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1); or
 2. Having 1st completed an approved protocol training module, may perform those skills, permitted by protocol, pursuant to A.R.S. § 36-2205.
- B. Individuals certified as a paramedic or intermediate shall be authorized to provide medical treatments, procedures, medications, and techniques described in subsection (A) only under the direction of an ALS Base Hospital certified pursuant to 9 A.A.C. 25, Article 2.

R9-25-609. Extended Scope of Practice Training Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1))

Immunization Training Requirements. A paramedic or intermediate may administer immunizations according to the protocol established in R9-13-1501 upon successful completion of the following requirements:

1. Curriculum Requirements: Each immunization trainee shall complete all of the objectives of the ALS Prehospital Provider Immunization Training Curriculum, dated July 11, 1994, published by and available at the Arizona Department of Health Services, Emergency Medical Services, 1651 E. Morten Avenue, Suite 120, Phoenix, Arizona 85020, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments. The curriculum shall be approved by a Medical Director who is:
 - a. A physician licensed in the state of Arizona and:
 - i. Is currently practicing in General Medicine, Family Practice, Internal Medicine, Pediatrics, or Emergency Medicine;
 - ii. Is accessible by phone, beeper, or in person during all phases of training;

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- iii. Signs the course completion certificate for each trainee who successfully completes the ALS Prehospital Provider Immunization Training Curriculum; and
- iv. Provides to paramedics or intermediates trained to administer immunizations, immunization schedule changes and updates on immunobiologics as they become available.
2. The curriculum shall be taught by the Medical Director or an instructor with the following qualifications:
 - a. Licensed registered nurse in the State of Arizona with either a:
 - i. Bachelor of Science Degree, or
 - ii. 2 years experience administering immunizations in a pediatric or public health setting, or
 - b. Physician or physician's assistant licensed in the State of Arizona currently practicing in General Practice, Family Practice, Internal Medicine, Pediatrics, or Emergency Medicine.
3. Competency Requirements: Each immunization trainee shall demonstrate competency by obtaining a score of 80% or better on each of the following examinations:
 - a. The final written examination which shall consist of 100 multiple choice questions utilizing 1 absolutely correct answer, 1 incorrect answer, and 2 distractors, neither of which is "all of the above" or "none of the above," covering the learning objectives of the ALS Prehospital Provider Immunization Training Curriculum, dated July 11, 1994, previously incorporated by reference at R9-25-609(1), in the following proportions:

i. Epidemiology	15 questions
ii. Immunization Scheduling	15 questions
iii. Vaccine Screening	10 questions
iv. Vaccine Administration	20 questions
v. Adverse Reactions	10 questions
vi. Vaccine Management	15 questions
vii. Liability	5 questions
viii. Documentation	5 questions
ix. OSHA Requirements	5 questions
 - b. The final practical examination which shall assess each skill outlined on the check off sheets as shown in Exhibit R.
 - c. The trainee shall have a maximum of 3 attempts to pass the final written examination and the final practical examination. If the trainee does not attain the passing grade on either of the examinations by the 3rd attempt, the trainee shall complete another immunization training program prior to being retested.
4. Course Completion Certificate Requirements: The instructor and Medical Director who approved the training curriculum shall sign and issue a course completion certificate to a trainee who completes the course and passes the final examinations. The course completion certificate shall be valid for 1 year from the date on which the trainee successfully completes the final examinations.
 - a. Prior to administering immunizations, ALS personnel shall provide a copy of the course completion certificate to the Medical Director of an Immunization Clinic evidencing successful completion of immunization administration training as required by R9-13-1501.
 - b. ALS personnel shall be responsible to keep and safeguard the course completion certificate.
5. Continuing Education and Renewal of Course Completion Certificate Requirements:
 - a. The ALS personnel shall complete yearly continuing education in immunization administration.
 - b. The continuing education shall cover the following topics from the ALS Prehospital Provider Immunization Training Curriculum:
 - i. Routine immunization scheduling;
 - ii. Vaccine screening process;
 - iii. Vaccine administration;
 - iv. Management of adverse reactions;
 - v. Vaccine management; and
 - vi. Documentation.
 - c. The continuing education course shall utilize a Medical Director and instructor who meet the qualifications and satisfy the responsibilities identified in subsections (1) and (2).
 - i. Upon completion of the continuing education course, the ALS personnel shall have 3 attempts to attain a passing score of 80% on the final written examination identified in subsection (3)(a) prior to receiving a course completion certificate. If the ALS personnel does not attain the passing grade on the final written examination by the 3rd attempt, the ALS personnel shall complete another continuing education course prior to being retested.
 - ii. The Medical Director and instructor shall sign and issue a new course completion certificate to the ALS personnel who completes the continuing education course and passes the final examination. The course completion certificate shall be valid for 1 year from the date on which the ALS personnel successfully completes the examination.

EXHIBIT R
Immunization Training
Practical Evaluation Form
Station #1
Record Assessment, Screening, and Consent

Student Name: _____ Evaluator: _____

Date: _____

Competency	Satisfactory	Unsatisfactory
Given an immunization record/history, determines the required vaccinations.		
Verifies client's identity as being that of person named on the immunization record.		
Verifies signature and relationship of consenting adult.		
Documents any vaccines deferred or refused.		
Appropriately answers questions regarding "Important Information"		
Screens for contraindications and possible risks.		
When presented with a "delayed" child, determines appropriate immunizations and scheduling.		
Thoroughly completes necessary consent forms and instructs parent appropriately.		

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Immunization Training

Practical Evaluation Form

Station # _____ (2, 3, and 4)

Immunobiologics Administration

Student Name: _____ Evaluator: _____

Date: _____

Competency	Satisfactory	Unsatisfactory
Verifies client's identity as being that of person named on the immunization records.		
Proffs consent form, making sure biologics to be administered are accurate.		
Confirms child or infant is in the proper holding position prior to administering the medication.		
Demonstrates proper biologic administration in each of the following sites and routes: A/L Thigh _____ IM _____ Deltoid _____ SQ _____ Post. Arm _____ IM _____		
Chooses appropriate needle gauge and length to administer biologic.		
Prepares appropriate dosage for a given biologic. (Write example of medication evaluated) Biologic _____ Dose _____		
Demonstrates proper injection techniques when giving biologics.		
Disposes of needles/syringes in sharps container properly and according to OSHA regulations.		
Provides appropriate post immunization administration education to the client or consenting adult.		
Completes documentation immediately following vaccine administration.		
Uses universal infection control precautions when indicated.		

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Immunization Training
Clinical Evaluation Form

Clinical site location: _____

Student Name: _____ Evaluator: _____

Date: _____

Competency	Satisfactory	Unsatisfactory
Sets up clinic supplies, to include emergency drugs and standing protocols.		
Dress is appropriate with identification clearly visible.		
Given a specific age, identifies appropriate biologic(s).		
Verifies client identity as being that of person named.		
Verifies signature and relationship of consenting adult.		
Verifies holding position of child or infant prior to administration of medication and administers the medication without undue harm to self or client.		
Demonstrates proper vaccination administration in each of the following sites and routes: A/L Thigh _____ IM _____ Deltoid _____ SQ _____ Post. Arm _____ IM _____		
Documents any deferred or refused biologics.		
Disposes of needles/syringes in sharps container properly and according to OSHA regulations.		
Provides appropriate post immunization administration education to the client or consenting adult.		
Completes documentation immediately following biologic administration.		
Uses universal infection control precautions when indicated.		

Comments:

Student's Signature _____

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R9-25-610. Paramedic Recertification Requirements (Authorized by ARS §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (4), and (6))

- A. An applicant for paramedic recertification shall have been in compliance with all requirements of this Article, during the current certification period.
- B. An applicant for paramedic recertification shall complete 60 hours of continuing medical education in the following categories:
1. Category I (Mandatory). One hour of continuing education credit shall be given for 1 hour of instruction received.
 - a. ACLS and BCLS provider course completion: a maximum of 24 hours.
 - b. Prehospital case reviews: minimum of 12 hours.
 - c. Base hospital lectures: minimum of 12 hours.
 - d. Skills Workshops: Training in endotracheal intubation, needle thoracostomy, surgical cricothyrotomy, intraosseous infusion, and central venous lines that meets the requirements and objectives described in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1). A minimum of 4 hours and a maximum of 20 hours.
 2. Category II (Electives)
 - a. An EMT-Paramedic refresher training program which meets the requirements and objectives of the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-206(I)(6)(b). A maximum of 48 hours.
 - b. EMS health related college courses provided by an educational institution which is accredited by the New England Association of Schools and Colleges, Middle States Association of Colleges and Secondary Schools, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, or the Western Association of Schools and Colleges: 3 hours of continuing education hours per credit unit of courses to a maximum of 12 continuing education hours.
 - c. Conference, Didactic, or Lecture sessions on subjects which meet 1 or more of the objectives as established in R9-25-407(K). Maximum of 30 hours.
 - d. Clinical experience supervised by a preceptor who meets the qualification in R9-25-406. Maximum of 20 hours.
 - e. Teaching: maximum of 20 hours of instruction in a certified EMT program, or Basic Cardiac Life Support, Advanced Cardiac Life Support, Prehospital Trauma Life Support, or Basic Trauma Life Support. Credit shall not be given for the same course taught more than once during the period of certification.
 - f. Vehicular preceptor for a certified training program: maximum of 20 hours.
 - g. EMS related multimedia instruction: maximum of 20 hours.
- C. The applicant shall submit to the Department the following documents at least 30 days prior to the expiration of the current certification period:
1. An application on a form provided by the Department as shown in Exhibit O.
 2. A written statement verifying that the applicant has met all the requirements for recertification on a form as

shown in Exhibit S.

3. A signed statement on a form provided by the Department as shown in Exhibit M, verifying that he or she possesses the physical abilities and health status necessary to perform the job requirements of an EMT-Paramedic as listed on the form.
- D. Paramedics shall pass an examination administered or approved by the Department with a 75% or greater as a condition for recertification if required to do so by their base hospital Medical Director. Each applicant shall have 3 attempts to pass the examination. Applicants who fail the examination on all 3 attempts shall complete an entire EMT-Paramedic training program or challenge course prior to reapplying.
- E. An applicant who has not applied for recertification by the expiration date of his or her certificate, and applies within the 2 year period following that expiration date, may regain certification by successfully completing a Paramedic refresher course as described in the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(b), or a Paramedic Challenge course as described in R9-25-407(I); and successfully completing the examinations required in R9-25-604.
- F. An applicant whose certificate has been expired for over 2 years shall meet all of the requirements for initial certification.

R9-25-611. Intermediate Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (4), and (6))

- A. An applicant for intermediate recertification shall have been in compliance with all requirements of this Article during the current certification period.
- B. An applicant for intermediate recertification shall complete 50 hours of continuing medical education in the following categories:
1. Category I (Mandatory). An applicant for intermediate recertification shall complete the following:
 - a. BCLS provider course completion: a maximum 8 hours.
 - b. Twelve hours of prehospital case reviews.
 - c. Twelve hours of base hospital lectures.
 - d. Skills workshops: Training in endotracheal intubation, needle thoracostomy, surgical cricothyrotomy, and intraosseous infusion that meets the requirements and objectives described in the Arizona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1). A minimum of 4 hours and a maximum of 20 hours.
 2. Category II (Electives) An applicant for intermediate recertification shall complete 20 hours of continuing education in any combination of the following:
 - a. An EMT-Intermediate refresher training program which meets the refresher course requirements in the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-206(I)(6)(b). A maximum of 48 hours.
 - b. Prehospital case reviews in excess of those required in category I.
 - c. Base hospital lectures in excess of those required in category I.
 - d. A maximum of 4 hours of skills workshops in excess of those required in category I: Training in endotracheal intubation, needle thoracostomy, surgical cricothyrotomy, and intraosseous infusion that meets the requirements and objectives described in the Ari-

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zona Advanced Life Support Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-403(B)(1).

- e. EMS health related college courses provided by an educational institution which is accredited by the New England Association of Schools and Colleges, Middle States Association of Colleges and Secondary Schools, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, or the Western Association of Schools and Colleges: 3 hours of continuing education hours per credit unit of courses to a maximum of 12 continuing education hours.
 - f. Paramedic Training course hours.
 - g. Conference, Didactic, or Lecture sessions on subjects which meet 1 or more of the objectives as established in R9-25-206(I)(6)(b). Maximum of 30 hours.
 - h. Clinical experience supervised by a preceptor who meets the qualifications in R9-25-406. Maximum of 20 hours.
 - i. Teaching, a maximum of 20 hours of instruction in a certified EMT program, or Basic Cardiac Life Support, Prehospital Trauma Life Support, or Basic Trauma Life Support. Credit shall not be given for the same course taught more than once during the period of certification.
 - j. Vehicular preceptor for a certified training program: maximum of 20 hours.
 - k. EMS related multimedia instruction: maximum of 20 hours.
- C. The applicant shall submit to the Department the following documents at least 30 days prior to the expiration of the current certification period:
- 1. An application on a form provided by the Department as shown in Exhibit O.
 - 2. A written statement verifying that the applicant has met all the requirements for recertification on a form as shown in Exhibit S.
 - 3. A signed statement on a form provided by the Department as shown in Exhibit M, verifying that he or she possesses the physical abilities and health status necessary to perform the job requirements of an EMT-Intermediate as listed on the form.
- D. An applicant shall pass an examination administered or approved by the Department with a 75% or greater as a condition for recertification if required to do so by his or her base hospital Medical Director. Each applicant shall have 3 attempts to pass the examination. Applicants who fail the examination on all 3 attempts shall complete an entire EMT-Intermediate Training Program or challenge course prior to reapplying.
- E. An applicant who has not applied for recertification by the expiration date of his or her certificate, and applies within the 2 year period following that expiration date, may regain certification by successfully completing an EMT-Intermediate refresher course which meets the refresher course requirements in the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-206-(I)(6)(b), or an EMT-Intermediate challenge course as described in R9-25-407(I), and successfully completing the examinations required in R9-25-604.
- F. An applicant whose certificate has been expired for over 2 years shall meet all of the requirements for initial certification.

R9-25-612. Extension of Recertification Application Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (4), and (6))

- A. An applicant who has not met the requirements in R9-25-610(B) and (C), or R9-25-611(B) and (C) prior to the expiration of his or her current certificate, may apply for 1 extension to file for recertification. The request for extension shall be made to the Director prior to the expiration date of the current certification.
- B. The applicant for extension shall not practice as a paramedic or an intermediate after the expiration date of the current certification.
- C. An application for an extension shall be submitted to the Department on an extension form provided by the Department as shown in Exhibit Q, which contains the following:
 - 1. Applicant's name, address, and phone number;
 - 2. EMS employer's name, address, and phone number;
 - 3. Applicant's certification number and date of expiration;
 - 4. Statement signed by the applicant, under penalty of perjury, that the applicant was unable to complete the recertification requirements during the effective period of the certification and verified by an attached signed statement as follows:
 - a. Physician licensed in Arizona who provides evidence of a mental or physical disability or health problem that has precluded the applicant from meeting the recertification requirements;
 - b. Applicant's superior officer who documents that the applicant has been involved in military duty that has precluded the applicant from meeting the recertification requirements; or
 - c. Third party who supports an undue hardship claim that has precluded the applicant from meeting the recertification requirements.
- D. The request for extension may be granted for a term no greater than 180 days.
- E. An applicant who does not meet recertification requirements prior to the expiration of their extension, shall complete an entire EMT-Intermediate or paramedic training program and meet the requirements of R9-25-601.

R9-25-613. Inactive Status Due to Temporary Medical Condition (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4) and 36-2204(6))

- A. An applicant who is unable to meet the requirements of recertification due to a temporary medical condition may apply to be placed on an inactive status by the Director for a period of 24 months from the expiration date of the applicant's certification.
- B. An applicant shall submit to the Director:
 - 1. Written verification from a physician describing the applicant's temporary medical condition, the date of onset, a statement estimating the length of time that the condition will be present, a description of the applicant's physical limitations, and a statement that the applicant is unable to perform the job duties of an EMT-Intermediate or EMT-Paramedic; and
 - 2. A written request to place the applicant's certification on inactive status pending resolution of the medical condition.
- C. The Director shall inform the applicant in writing whether the application was granted based on input from the Medical Director as to the applicant's temporary medical condition. The applicant shall not perform the job duties of an EMT-Intermediate or EMT-Paramedic during the term of inactive status.
- D. Prior to the expiration of the inactive status, the applicant may

Arizona Administrative Register
Notices of Final Rulemaking

apply for recertification and shall submit:

1. Documents required in R9-25-610(C).
2. Evidence of successful completion of an intermediate or paramedic refresher course as described in the Arizona Advanced Life Support Refresher and Challenge Curricula, dated July 22, 1994, previously incorporated by reference at R9-25-206(1)(6)(b), or the continuing education requirements of R9-25-610 or R9-25-611.

R9-25-614. Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6))

- A. A paramedic or intermediate who has current certification and who is in good standing may voluntarily elect to downgrade their level of certification for the remainder of their certification period. The applicant shall:
 1. Meet all requirements in R9-25-601(A)(1) or R9-25-501(A)(1); and
 2. Submit a written recommendation from the base hospital Medical Director verifying their ability to perform at the lower level of certification; and
 3. Successfully complete the examination for recertification required for the lower level.
- B. A certified paramedic or intermediate in good standing may voluntarily elect to recertify at a lower level of certification. The applicant shall meet all requirements in R9-25-510 or R9-25-611.
- C. An application for downgrading of certification or recertification, at a lower level, shall not be approved if the applicant is under investigation pursuant to A.R.S. § 36-2211 or 9 A.A.C. 25, Article 5 or 6.

R9-25-615. Reporting Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1) and (6))

A paramedic or intermediate affiliated with an agency shall ensure that:

1. A 1st care form documenting all patient care provided by the paramedic or intermediate is completed for each patient encounter.
2. The form is signed by each paramedic or intermediate providing care.
3. The original or a legible copy of this report is provided to the prehospital provider, or the nurse or physician at the receiving facility accepting transfer of patient care, and the person providing the paramedic or intermediate

administrative medical direction.

R9-25-616. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (3), and (4), and 36-2204(1), (6), and (7))

- A. Under A.R.S. § 36-2211, the following factors shall be considered unprofessional conduct:
 1. Conduct as an EMT in another jurisdiction which resulted in denial, suspension, or revocation of the EMT's certificate or license.
 2. Intentionally or negligently causing physical injury to a patient under the EMT's care or treatment.
 3. Abandoning or neglecting a patient requiring emergency medical care without making arrangements to continue such care as the patient required.
 4. Performing treatment above the level of the EMT's current level of certification.
 5. Use of, or being under the influence of, any narcotic, dangerous drug, or intoxicating beverage to the extent that the use or influence impairs the judgement of the EMT while providing service as an EMT or ambulance attendant.
 6. Obtaining, possessing, administering, or using any narcotic or controlled substance in violation of federal or state law.
 7. Willful destruction of, falsification of, or making a materially inaccurate statement on a record of patient treatment or care.
 8. Impersonation of an EMT of higher level of certification.
 9. Performing an advanced procedure without medical direction.
 10. Conviction of or admission to committing any of the crimes listed in R9-25-601(C).
- B. Under A.R.S. § 36-2211, mental or physical incompetence shall be considered a lack of mental or physical ability to perform any duty of an EMT.
- C. Under A.R.S. § 36-2211, gross incompetence or gross negligence shall be considered a willful act or omission in disregard of an individual's life, health, or safety which may cause death or injury.
- D. Under A.R.S. § 36-2211, willful fraud or misrepresentation shall be considered a false statement or action taken by an individual with the intent to directly or indirectly benefit himself or herself or mislead another.

EXHIBIT S

**Arizona Department of Health Services
Emergency Medical Services**

VERIFICATION OF ALS RECERTIFICATION REQUIREMENTS

Applicant's Name

Social Security Number

Certification Number

Expiration Date

Applicant's Address

This is to verify that the applicant identified above has completed all continuing education requirements according to Arizona Administrative Code R9-25-611.

Documentation of all continuing education credit hours will be made available to the Department upon request.

Base Hospital Coordinator's Signature

Date

Base Hospital Medical Director's Signature

Date

Applicant's Signature

Date

EXHIBIT G
ARIZONA DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES
CLASS ROSTER

(Check one) ☐ Prospective ☐ Active ☐ Official ☐ Addendum

TOTAL NUMBER OF STUDENTS ON ROSTER: _____

PROGRAM CERTIFICATION OR ID NUMBER: _____

TYPE OF COURSE: _____ LOCATION OF COURSE: _____

DATE OF COURSE: _____
 START DATE END DATE

TOTAL HOURS: _____ DIDACTIC: _____ CLINICAL: _____ VEHICULAR: _____

PROGRAM DIRECTOR: _____ COURSE MANAGER: _____

MEDICAL DIRECTOR: _____

NAME	HOME ADDRESS	SOCIAL SECURITY #
	EMPLOYER	CERT # & EXP DATE
1.		
2.		
3.		
4.		
5.		

Arizona Administrative Register
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NAME	HOME ADDRESS	SOCIAL SECURITY #
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7.		
8.		

USE OTHER SIDE FOR ADDITIONAL NAMES PAGE 1 OF 2
ADHS OEMS-005

NAME	HOME ADDRESS	SOCIAL SECURITY #
	EMPLOYER	CERT # & EXP DATE
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Arizona Administrative Register
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NAME	HOME ADDRESS	SOCIAL SECURITY #
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PAGE 2 OF 2

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ARIZONA DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES
EMERGENCY MEDICAL TECHNICIAN
ORIGINAL CERTIFICATION APPLICATION

5. BASIC ENT EXAM TYPE

☐ NR ☐ STATE

NOTE: National Registry (NR) requires an additional NR application AND a money order made payable to: NATIONAL REGISTRY OF ENTS.

Please see instruction page for additional information.

[illegible]

PHYSICIAN INFORMATION YES NO HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING MORAL TURPITUDE OR A FELONY, INCLUDING CONVICTIONS THAT HAVE BEEN EXPUNGED OR VACATED?		DRUG USE INFORMATION YES NO DO YOU USE OR HAVE YOU USED WITHIN THE LAST 6 MONTHS, ANY ILLEGAL DRUGS OR ANY PRESCRIPTION DRUGS WITHOUT THE SUPERVISION OF A PHYSICIAN?																																																			
ALCOHOL USE INFORMATION YES NO DO YOU USE OR HAVE YOU USED WITHIN THE LAST 6 MONTH, ALCOHOL TO AN EXTENT THAT IT COULD IMPAIR YOUR ABILITY TO SAFELY FUNCTION AS AN EMT? (SEE TITLE 8, CHAPTER 13 ARIZONA ADMINISTRATIVE CODE FOR EMT FUNCTIONS.)		OHS USE ONLY PHY <input type="checkbox"/> EXAM SITE CARD <input type="checkbox"/> CODE																																																			
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Arizona Administrative Register
Notices of Final Rulemaking

[illegible]

13. ZIP CODE									
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[illegible]

115. APPLICANT SIGNATURE _____

MY SIGNATURE ATTESTS THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE.

SIGNATURE: _____ DATE: _____

DHS USE ONLY

EXHIBIT M

Arizona Department of Health Services
Emergency Medical Services
PHYSICAL VERIFICATION FORM

This document is a medical record and shall be kept confidential subject to Arizona Administrative Code R9-1-312.

To be completed by the applicant.

Applicant's Name: (PRINT) _____

Social Security or OEMS Certification ID # _____

CAUTION: Persons providing false information may be subject to prosecution for a class 5 felony under A.R.S. § 13-2311. Persons who gain certification based on false information may, under A.R.S. § 36-2211, be subject to suspension or revocation, and civil penalties up to \$2,500.00.

PLEASE READ: An applicant must be capable of performing a wide range of functions that require vision, hearing, speech, and physical capabilities. Each applicant should be free from any medical or psychological diseases or disorders that would impact the applicant's ability to perform the duties of an EMT or which may put the applicant or patients at risk.

If you have a medical or psychological disease or disorder that would prevent you from performing the duties of an EMT, a specific review of your case shall be conducted and the State Medical Director, ADHS-EMS, will make a determination. If you require a review of your case, please contact the Certification Manager, ADHS-EMS, prior to completing an application.

FUNCTIONS OF AN EMT:

The following paragraph details typical functions performed by an EMT:

Ability to communicate verbally via telephone and radio equipment; ability to lift, carry, and balance 125 pounds independently and 250 pounds with assistance; ability to interpret written, oral, and diagnostic form instructions; ability to use good judgement and remain calm in high stress situations; ability to be unaffected by loud noises and flashing lights; ability to function efficiently throughout an entire work shift, at times up to 24 hours, without interruption; ability to read small print, such as on medication vials; ability to accurately discern street signs and address numbers in the sunlight and at night; ability to converse in English with co-workers and hospital staff as to the status of patients; good manual dexterity, with ability to perform all tasks related to the highest quality patient care; ability to bend, stoop, and crawl on uneven terrain; ability to withstand varied environmental conditions such as extreme heat, cold, and moisture; ability to work in low light and confined spaces.

Is there any reason why you would not be able to perform the functions of an EMT as described above?	Yes	No
(If you responded "yes", please contact ADHS-EMS).		

Under penalty of perjury, I verify that the information contained on this form is true and accurate.

Applicant's Signature: _____ Date: _____

EXHIBIT N
EMERGENCY MEDICAL SERVICES
CRIMINAL HISTORY DISCLOSURE FOR
EMERGENCY MEDICAL TECHNICIAN
CERTIFICATION APPLICATION

CAUTION: PERSONS PROVIDING FALSE INFORMATION MAY BE SUBJECT TO PROSECUTION FOR A CLASS 5 FELONY UNDER A.R.S. § 13-2311. PERSONS WHO GAIN CERTIFICATION BASED ON FALSE INFORMATION MAY, UNDER A.R.S. § 36-2211, BE SUBJECT TO SUSPENSION OR REVOCATION, AND CIVIL PENALTIES UP TO \$2,500.00.

Print your name: _____

Check the correct response (YES) (NO) to each of the following questions:

- 1) Are you presently on parole, probation, supervised release, or incarcerated for any criminal conviction?
____(YES) ____ (NO)
- 2) Are you awaiting trial on any of the following criminal offenses in this state, or similar offenses in another state or jurisdiction? ____ (YES) ____ (NO)
- 3) Have you ever been convicted of any of the following criminal offenses in this state, or similar offenses in another state or jurisdiction? ____ (YES) ____ (NO)
- 4) Have you ever admitted in open court to committing any of the following criminal offenses in this state, or similar offenses in another state or jurisdiction? ____ (YES) ____ (NO)
- 5) Have you ever admitted pursuant to a plea agreement committing any of the following criminal offenses in this state, or similar offenses in another state or jurisdiction? ____ (YES) ____ (NO)

- | | |
|--|--|
| A. Sexual abuse of a minor. | K. Burglary. |
| B. Driving under the influence within the last two years. | L. Robbery. |
| C. First or Second degree murder. | M. Theft. |
| D. Kidnapping. | N. A dangerous crime against children as defined in A.R.S. § 13-604.01 (see below) |
| E. Arson. | O. Child or adult abuse. |
| F. Sexual assault. | P. Sexual conduct with a minor. |
| G. Sexual exploitation of a minor. | Q. Molestation of a child. |
| H. Contributing to the delinquency of a minor. | R. Manslaughter. |
| I. Commercial sexual exploitation of a minor. | S. Aggravated assault. |
| J. Felony offenses involving distribution of marijuana or dangerous or narcotic drugs. | T. Flight to avoid prosecution. |

Arizona Administrative Register
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Under penalty of perjury, I verify that the information contained on this form is true and accurate.

Signature of applicant

Date

A.R.S. § 13-604.01(J)(1) states: "Dangerous crime against children" means any of the following committed against a minor under fifteen years of age: (a) Second degree murder. (b) Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument. (c) Sexual assault. (d) Molestation of a child. (e) Sexual conduct with a minor. (f) Commercial sexual exploitation of a minor. (g) Sexual exploitation of a minor. (h) Child abuse as defined in §13-3623, subsection B, paragraph 1. (i) Kidnapping. (j) Sexual abuse. (k) Taking a child for the purpose of prostitution as defined in §13-3206. (l) Child prostitution as defined in §13-3212. (m) Involving or using minors in drug offenses. (n) Continuous sexual abuse of a child.

ARIZONA DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES
EMERGENCY MEDICAL TECHNICIAN
RECERTIFICATION APPLICATION

1.

LAST NAME: []

FIRST NAME: []

M: []

2.

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IS THIS ADDRESS DIFFERENT FROM THE ADDRESS ON YOUR LAST APPLICATION? ☐ YES ☐ NO

PHONE NUMBER: () _____

[] [] [] [] [] [] [] [] [] []									
3. SOCIAL SECURITY NUMBER									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
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7	7	7	7	7	7	7	7	7	7
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4. EMT LEVEL

- ☐ PARAMEDIC
- ☐ INTERMEDIATE
- ☐ INTERMEDIATE WITH DEFIB
- ☐ BASIC EMT
- ☐ BASIC EMT WITH IV
- ☐ BASIC EMT WITH DEFIB
- ☐ BASIC EMT WITH IV & DEFIB

5. EXAM TYPE

☐ NR ☐ STATE

NOTE: National Registry (NR) requires an addition NR application AND a money order made payable to: **NATIONAL REGISTRY OF EMTs.** Please see instruction page for additional information.

6. MISDEMEANOR OR FELONY INFORMATION:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING MORAL TURPITUDE OR A FELONY INCLUDING CONVICTIONS THAT HAVE EXPUNGED OR VACATED, THAT YOU HAVE NOT REPORTED TO A.D.H.S./D.E.M.S. ON A PREVIOUS CERTIFICATION APPLICATION?
7. DRUG USE INFORMATION:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> DO YOU USE OR HAVE YOU USED WITHIN THE LAST 2 YEARS, ANY ILLLEGAL DRUGS OR ANY PRESCRIPTION DRUGS WITHOUT THE SUPERVISION OF A PHYSICIAN?
8. ALCOHOL USE INFORMATION:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> DO YOU USE OR HAVE YOU USED WITHIN THE LAST 2 YEARS, ALCOHOL TO AN EXTENT THAT IT COULD IMPAIR YOUR ABILITY TO SAFELY FUNCTION AS AN EMT? (SEE TITLE 3, CHAPTER 13 ARIZONA ADMINISTRATIVE CODE FOR EMT FUNCTIONS.)

3. EMS EMPLOYER CODE					
0	0	0	0	0	0
1	1	1	1	1	1
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MY SIGNATURE ATTESTS THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE.

SIGNATURE: _____ DATE: _____

10. BASE HOSPITAL CODE									
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	PHY <input type="checkbox"/>	EXAM SITE	0123456789
		CODE	0123456789
	CARD <input type="checkbox"/>		0123456789
			0123456789
			0123456789

EXHIBIT Q

ARIZONA DEPARTMENT OF HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

APPLICATION FOR EXTENSION OF CERTIFICATION

Applicant's name _____

Certification or OEMS ID number _____ Exp _____

Applicant's address _____

Applicant's phone number _____

EMS Employer _____

EMS Employer's address _____

EMS Employer's phone number _____

I attest, under penalty of perjury, that I was unable to complete the recertification requirements during the effective period of certification for the following reason:

(Check one)

_____ I had a mental or physical disability or health related problem that precluded me from meeting the recertification requirements.
Note: You must attach a statement signed by a physician licensed in Arizona verifying this fact.

_____ I was involved in active military duty. Note: You must attach documentation signed by your commanding officer.

_____ I had an undue hardship. Please describe: _____

Note: You must attach a statement from a third party attesting to this.

APPLICANT'S SIGNATURE: _____ DATE: _____

NOTICE OF FINAL RULEMAKING

TITLE 17. TRANSPORTATION

CHAPTER 4. DEPARTMENT OF TRANSPORTATION

MOTOR VEHICLE DIVISION

PREAMBLE

1. **Sections Affected:**
R17-4-435
R17-4-435.01
R17-4-435.02
- Rulemaking Action:**
Amend
Amend
Amend
2. **The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
Authorizing statute: A.R.S. § 28-202
Implementing statute: A.R.S. §§ 28-2402 and 28-2412
3. **The effective date of the rules:**
October 16, 1996
4. **A list of all previous notices appearing in the Register addressing the final rule:**
Notice of Rulemaking Docket Opening:
1 A.A.R. 203, March 17, 1995
Notice of Proposed Rulemaking:
1 A.A.R. 2260, November 3, 1995
5. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
Name: Glenn C. Johnson
Address: Motor Vehicle Division, Executive Hearing Office
4747 North Seventh Avenue
Phoenix, Arizona 85013-2401
Telephone: (602) 255-7737
Fax: (602) 241-1624
6. **An explanation of the rule, including the agency's reasons for initiating the rule:**
The Motor Vehicle Division is amending the rules to adopt the October 1, 1993, edition of Title 49 of the Code of Federal Regulations. Specifically, the Division is adopting Subtitle B - Other Regulations Relating to Transportation, Chapter B - Federal Motor Carrier Safety Regulations, Parts 390, 391, 392, 393, 395, 396, 397, and 399. The existing rule adopted the October 1, 1992, edition of the Code of Federal Regulations.

As a participant in the Motor Carrier Safety Assistance Program, Arizona has agreed to adopt and maintain rules consistent with the Federal Motor Carrier Safety Regulations. The Departments of Transportation and Public Safety have certified, in the State Enforcement Plan, that the state will adopt and enforce the Motor Carrier Safety Regulations as required under the provisions of the Motor Carrier Safety Assistance Program as specified in the 49 CFR 50 and 355.

The amendments to the rules are necessary to update the Motor Vehicle Division's rules governing motor carrier safety. Modifications to the text incorporated by reference are intended only to make the language consistent with state terminology and are not intended to make any change to the content.
7. **A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**
Not applicable.
8. **The summary of the economic, small business, and consumer impact:**
There is only 1 change that will have any economic impact. Motor Carriers will be required to maintain an accident register. The register will contain information about accidents that occurred during the previous 12 months. The requirement to maintain an accident register is expected to have minimal economic impact on the motor carrier industry.

The benefit to law enforcement personnel and the Motor Vehicle Division is the ability to track a motor carrier's accident experience and to identify an individual carrier for further investigation and enforcement action if necessary to protect the motoring public.

Small business does not receive special consideration due to the federal mandate requiring the adoption of the federal motor carrier safety regulations and the blanket application of the regulations to all motor carriers.

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Consumers will benefit from the rule if accident-prone carriers are identified and removed from the highways.

9. **A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):**

R17-4-435 - Motor Carrier Safety: Adoption of Federal Regulations; Application; Definitions

- A. R17-4-435(A) - A space was added between 390 and 391 to correct a grammatical error. The words "amendments or" were added and the word "herein" was deleted for clarity, conciseness, and understandability.
- B. R17-4-435(B)(5) - The words "a four" were changed to "4" to conform with Secretary of State rules. The words "member board" were changed to "individuals" for clarity, conciseness, and understandability. The words "for the purpose of making" were changed to "to make" to correct a grammatical error.
- C. R17-4-435(C) - Commas were added to correct a grammatical error. The words "of this rule" were deleted for clarity, conciseness, and understandability.
- D. R17-4-435(C)(1) - The word "six" was changed to "6" to conform with Secretary of State rules.

R17-4-435.01 - Motor Carrier Safety: 49 CFR 390 - Federal Motor Carrier Safety Regulations; General Applicability and Definitions; General Requirements and Information

- A. R17-4-435.01 - The subsection indicator "A" has been deleted to conform with Secretary of State rules.
- B. R17-4-435.01(1) - The word "Applicability" was changed to "applicability" to correct a grammatical error. The sentence "Paragraphs (a), (b), and (c) are amended as follows:" was deleted for clarity, conciseness, and understandability.
- C. R17-4-435.01(1)(b) - The words "at the end of the paragraph:" were added; the words "Title 28, Chapter 4" were changed to "§ 28-402"; and the word "thereunder" was changed to "under that chapter" for clarity, conciseness, and understandability.
- D. R17-4-435.01(2)(a) - The entire sentence "Unless the term 'Commercial Motor Vehicle' or 'CMV' is used in reference to the licensing requirements of either 49 CFR 383 or A.R.S. § 28-402, in which case it shall have the same meaning prescribed therein 'Commercial Motor Vehicle' or 'CMV' means any self-propelled, motor-driven vehicle or vehicle combination used on any public highway in this state in the furtherance of a commercial enterprise, which vehicle or vehicle combination:" was changed to "If the term 'Commercial Motor Vehicle' or 'CMV' is used in reference to the licensing requirements of either 49 CFR 383 or A.R.S. § 28-402, the term has the meaning set forth at 49 CFR 383 or A.R.S. § 28-402. If the term 'Commercial Motor Vehicle' or 'CMV' is not used in reference to the licensing requirements of 49 CFR 383 or A.R.S. § 28-402, the term means self-propelled, motor-driven vehicle or vehicle combination used on a public highway in this state in the furtherance of a commercial enterprise, that:" for clarity, conciseness, and understandability.
- E. R17-4-435.01(2)(a)(i) - The word "or" was deleted to correct a grammatical error.
- F. R17-4-435.01(2)(a)(ii) - The word "persons" was changed to "individuals" to conform the language in R17-4-435.01(2)(a)(ii) to the language in R17-4-435(C)(1). The word "seven" was changed to "7" to conform with the Secretary of State rules.
- G. R17-4-435.01(2)(a)(iii) - The words "placarding or marking" were changed to "marking or placarding" for clarity, conciseness, understandability, and consistency.
- H. R17-4-435.01(2)(b) - The words "the term shall have" were changed to "has" for clarity, conciseness and understandability.
- I. R17-4-435.01(2)(c) - The words "shall be used in their place" were changed to "is used" for clarity, conciseness, and understandability.
- J. R17-4-435.01(3)(a) - The subsection "(a)" was deleted to conform with the Secretary of State rules.
- K. R17-4-435.01(4) - The sentences: "This Section shall apply to all motor carrier vehicles operated in Arizona. All motor carriers that are not subject to the marking requirements of the U.S. Department of Transportation, shall mark their vehicles in accordance with the provisions of this Section. Such carriers shall use the letters 'AZ' and their Arizona Use Fuel/Motor Carrier account number in lieu of the USDOT identification number, except that no identification number marking shall be required for those carriers exempt from the Use Fuel/Motor Carrier License requirement." were changed to "This Section applies to all motor carrier vehicles operated in Arizona. A motor carrier that is not subject to the marking requirements of the U.S. Department of Transportation, shall mark its vehicles with the letters 'AZ' and its Arizona Use Fuel/Motor Carrier account number. No identification number marking shall be required for a motor carrier exempt from the Use Fuel/Motor Carrier License requirement." for clarity, conciseness, and understandability.
- L. R17-4-435.01(5) - The sentence "Paragraphs (a), (a)(1), (a)(1)(A), (a)(1)(B), (a)(1)(B)(ii), (a)(2)(A), (a)(2)(B), (a)(2)(B)(ii), and (b) are amended as follows:" was deleted to correct grammatical errors and because the sentence was redundant.
- M. R17-4-435.01(5)(a) - The word "use" in the proposed rule is changed to "used" to correct a grammatical error. The words "any", "operating", "that is being" and "emergency" were deleted for clarity, conciseness and understandability. The words "a", "that is" and "and that operates" were added for clarity, conciseness, and understandability.

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- N. R17-4-435.01((5)(b) - The words "shall not apply" were changed to "are deleted" for clarity, conciseness, and understandability.
 - O. R17-4-435.01(5)(d)(6) - The word "which" was changed to "that" for clarity, conciseness, and understandability.
 - P. R17-4-435.01(6) - The word "any" throughout the paragraph was changed to "a" for clarity, conciseness, and understandability. The words "both", "ongoing" and "requested" were deleted for the same reason.
 - Q. R17-4-435.01(7) - The sentences "Locations of regional motor carrier safety offices. This Section is amended to read:" to changed to "Locations of regional motor carrier safety offices is amended to read:" for clarity, conciseness, and understandability. The words "Section 390.27 any request for relief" were changed to "To make a request for relief the motor carrier requesting relief," for clarity, conciseness, and understandability. The words "be made to" was changed to "contact" for clarity, conciseness and understandability.
 - R. R17-4-435.01(7) - The telephone number for the Department Public Safety, Special Services Region was erroneously deleted in the proposed rule.
 - S. R17-4-435.01(5)(d), (6), (7) - The words "Department of Public Safety, Special Services Division" were changed to "Department of Public Safety, Special Services Region" to reflect a recent name change in the organizational unit.
- R17-4-435.02 Motor Carrier Safety: 49 CFR 391 - Qualifications of Drivers
- A. R17-4-435.02 - The subsection indicator "A" has been deleted to conform with Secretary of State rules.
 - B. R17-4-435.02(1) - The words "do not apply" were changed to "are deleted" for clarity, conciseness, and understandability.
 - C. R17-4-435.02(3) - The sentence "Paragraphs (a), (b), (c)(iv), (d)(3)(i), and (d)(3)(i)(B) are amended as follows:" was deleted to correct a grammatical error.
 - D. R17-4-435.02(3)(a) - The words "A person" was changed to "An individual" to conform with the language in R17-4-435 and R17-4-435.01. The word "two" was changed to "2" to conform with the Secretary of State rules. The words "paragraph (4) of this rule" was changed to "subsection (4)" for clarity, conciseness and understandability. The words "Once granted, an intrastate waiver may be transferred" was changed to "An individual granted an intrastate waiver may transfer the intrastate waiver" for clarity, conciseness, and understandability.
 - E. R17-4-435.02(3)(b) - The sentence "A letter of application for an intrastate waiver may be submitted by the applicant, or jointly by the person who seeks an intrastate waiver of the physical qualification (driver applicant) and the motor carrier (co-applicant) that shall employ the driver applicant if the intrastate waiver request is granted" was changed to "To obtain an intrastate waiver, an applicant or an applicant and co-applicant shall submit a letter of application for an intrastate waiver of a physical qualification."
 - F. R17-4-435.02(3)(c) - The sentence "Paragraph (c)(iv) is amended to read:" is changed to read "Paragraph (c)(1)(iv) is amended to read:" for clarity, conciseness, and understandability.
 - G. R17-4-435.02(3)(d) - The citation "(d)(e)(i)" was changed to "(d)(3)(i)" to correct the citation.
 - H. R17-4-435.02(3)(e) - The words "or better" were deleted for clarity, conciseness and understandability. The word "one" was changed to "1" to conform with the Secretary of State's rules. A comma was added after the word "green" to correct a grammatical error.
 - I. R17-4-435.02(4)(a)(i) - The words "four member" was deleted for clarity, conciseness, and understandability. The word "two" was changed to "2" to conform with the Secretary of State rules.
 - J. R17-4-435.02(4)(b)(ii) - The word "insure" was changed to "ensure" to correct a grammatical error.
 - K. R17-4-435.02(4)(b)(iv) - The word "Assure" was changed to "Ensure" to correct a grammatical error.
 - L. R17-4-435.02(4)(b)(iv)(1) - The words "two" and "five" were changed to "2" and "5" to conform with the Secretary of State rules.
 - M. R17-4-435.02(4)(b)(iv)(2) - The sentence ending punctuation "." was changed to a ";" to correct a grammatical error. The words "hazardous materials required to be placarded" was changed to "hazardous materials required to be marked or placarded" for clarity, conciseness, and understandability.
 - N. R17-4-435.02(4)(b)(v) - The sentence ending punctuation "." was changed to ";" and" to correct a grammatical error.
 - O. R17-4-435.02(4)(b)(vi) - Added the word "of" for clarity, conciseness and understandability.
 - P. R17-4-435.02(4)(b)(vi)(1) - The sentence "Prior to the review, of the date, time and place of the review" was changed to "The date, time and place of the review at least 5 days before the review; and" for clarity, conciseness, and understandability.
 - Q. R17-4-435.02(4)(b)(vi)(2) - The sentence "After the decision of the Division Director, of the results of such decisions concerning the approval or denial of the waiver" was changed to "The results of the Division Director's decision con-

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cerning approval or denial of the waiver within 10 days of the decision" for clarity, conciseness, and understandability.

- R. R17-4-435.02(4)(c)(i) - The sentence ending punctuation was changed from "." to ";" and" to correct a grammatical error.
- S. R17-4-435.02(4)(d)(i) - A comma was added after the word "conditions" to correct a grammatical error.
- T. R17-4-435.02(4)(d)(ii) - The sentence "The original form shall be maintained by the Division" was changed to "The Division shall maintain the original waiver form" for clarity, conciseness, and understandability.
- U. R17-4-435.02(4)(d)(iii) - The sentence "A legible copy shall be retained by the motor carrier as long as the driver is employed as a driver and for 3 years thereafter" was changed to read "The motor carrier shall retain a legible copy of the waiver form as long as the driver is employed as a driver and for 3 years thereafter" for clarity, conciseness, and understandability.
- V. R17-4-435.02(4)(d)(iv) - The sentence "A legible copy shall be in the possession of the driver when driving a commercial motor vehicle or otherwise on duty" was changed to read "A driver to whom a waiver form has been granted shall have a legible copy of the waiver form in the driver's possession when driving a commercial motor vehicle" for clarity, conciseness and understandability.
- W. R17-4-435.02(6) - The words "do not apply" were changed to "are deleted" for clarity, conciseness, and understandability.

10. A summary of the principal comments and the agency response to them:

The only public comment received was that the name of the Department of Public Safety, Special Services Division has recently been changed to the Department of Public Safety, Special Services Region. This change was incorporated into the rules.

11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

None.

12. Incorporations by reference and their location in the rules:

49 CFR 390, 391, 392, 393, 395, 396, 397, and 399 published October 1, 1993 (and no later editions), incorporated at R17-4-435(A).

13. Was this rule previously adopted as an emergency rule?

No.

14. The full text of the rules follows:

TITLE 17. TRANSPORTATION

**CHAPTER 4. DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE DIVISION**

ARTICLE 4. MOTOR CARRIERS

- R17-4-435. Motor Carrier Safety: Adoption of Federal Regulations; Definitions; Application
- R17-4-435.01. Motor Carrier Safety: 49 CFR 390 - Federal Motor Carrier Safety Regulations; General Applicability and Definitions; General Requirements and Information
- R17-4-435.02. Motor Carrier Safety: 49 CFR 391- Qualifications of Drivers

ARTICLE 4. MOTOR CARRIERS

R17-4-435. Motor Carrier Safety: Adoption of Federal Regulations; Application; Definitions; Application

- A. Adoption of Federal Regulations. The Motor Vehicle Division adopts and approves as its own, the following Parts of 49 CFR 390, 391, 392, 393, 395, 396, 397, and 399, as amended, revised and printed in the published October 1, 1992 1993, (and no later amendments or editions) edition, incorporated herein by reference and on file with the Division and the Office of the Secretary of State Subtitle B - Other Regulations Relating to Transportation, Chapter III - Federal Highway Administration, Subchapter B - Federal Motor Carrier Safety Regulations, Parts 390, 391, 392, 393, 395, 396, 397, and 399, as amended by these rules.

C.B. Definitions.

- 1. "Bureau of Motor Carrier Safety" means the Arizona

Department of Transportation.

- 2. "Co-applicant" means an employer or potential employer.
- 3. "Division" means the Motor Vehicle Division, Department of Transportation.
- 4. "Division Director" means the Assistant Director of the Department of Transportation for the Motor Vehicle Division or the Assistant Director's designated agent.
- 5. "Waiver Board" means a four member board 4 individuals appointed by the Division Director for the purpose of making to make recommendations on applications for intrastate waivers.
- 6. "49 CFR" means Title 49, Code of Federal Regulations
- B.C. Application. The regulations of 49 CFR, incorporated by subsection (A), of this rule, shall apply as amended by R17-4-435.01 through R17-4-435.04 to:
 - 1. Motor Carriers as defined in A.R.S. § 28-2401 except Motor motor Carrier carriers transporting passengers for hire in a vehicle with a design capacity of six 6 or less persons fewer individuals.
 - 2. All vehicles owned or operated by the state, a political subdivision, or a public authority of the state, which are used to transport hazardous materials in an amount requiring the vehicle to be marked or placarded pursuant to R17-4-436.

R17-4-435.01 Motor Carrier Safety: 49 CFR 390 - Federal

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Motor Carrier Safety Regulations; General Applicability and Definitions; General Requirements and Information

A- 49 CFR 390, as incorporated in these rules, is amended as follows:

1. 49 CFR 390.3 General Applicability applicability. Paragraphs (a), (b), and (c) are amended as follows:
 - a. Paragraph (a) is amended to read:

The regulations adopted in this rule are applicable to all motor carriers operating in Arizona and all vehicles owned or operated by the state, a political subdivision, or a public authority of the state, which are used to transport hazardous materials in an amount requiring the vehicle to be marked or placarded pursuant to R17-4-436.
 - b. Paragraph (b) is amended by adding the following sentence at the end of the paragraph:

In addition to the requirements specified in 49 CFR 383, motor carrier drivers domiciled in Arizona who operate Commercial Motor Vehicles as defined in A.R.S. Title 28, Chapter 4 § 28-402 shall comply with the requirements of that chapter A.R.S. Title 28, Chapter 4 and any rules promulgated thereunder under that Chapter.
 - c. Paragraph (c) is amended to read:

Motor carriers operating in Arizona in the furtherance of a commercial enterprise, shall comply with the financial responsibility requirements specified in A.R.S. Title 28, Chapter 7, Article 7, and 49 CFR 387.
2. 49 CFR 390.5 Definitions. The definitions listed in Section 49 CFR 390.5 are amended as follows:
 - a. Unless If the term "Commercial Motor Vehicle" or "CMV" is used in reference to the licensing requirements of either 49 CFR 383 or A.R.S. § 28-402, in which case it shall have the same meaning prescribed therein the term has the meaning set forth at 49 CFR 383 or A.R.S. § 28-402. If the term "Commercial Motor Vehicle" or "CMV" is not used in reference to the licensing requirements of 49 CFR 383 or A.R.S. § 28-402, the term means any a self-propelled, motor-driven vehicle or vehicle combination, used on any a public highway in this state in the furtherance of a commercial enterprise, which vehicle or vehicle combination which:
 - i. Has a declared gross weight of 20,001 pounds or more; or
 - ii. Transports passengers for hire and has a design capacity of seven 7 or more persons individuals; or
 - iii. Transports hazardous materials in an amount requiring placarding marking or marking placarding pursuant to R17-4-436.
 - b. "Exempt intracity zone" is deleted from R17-4-435.01 through R17-4-435.04 and the term shall have has no application in these rules.
 - c. "For-hire motor carrier," "private motor carrier of passengers," and "private motor carrier of property" are deleted from R17-4-435.01 through R17-4-435.04 and the term "motor carrier" shall be used in their place.
 - d. "Gross combination weight rating" (GCWR) and "Gross vehicle weight rating" (GVWR) mean declared gross weight as defined in A.R.S. § 28-206.
 - e. "Regional Director" means the Division Director.
 - f. "Special agent" means an officer or agent of the

Department of Public Safety, the Motor Vehicle Division, or of a political subdivision, who is trained and certified by the Department of Public Safety to enforce Arizona's Motor Carrier Safety requirements.

- g. "State" means a state of the United States and the District of Columbia.
3. 49 CFR 390.15 Assistance in investigations and special studies. Paragraph (a) is amended to read:

A motor carrier shall make all records and information pertaining to an accident available to a special agent upon request or as part of any inquiry within the time the request or inquiry specifies. A motor carrier shall give a special agent all reasonable assistance in the investigation of any accident including providing a full, true, and correct answer to any question of the inquiry.
- 3-4. 49 CFR 390.21 Marking of motor vehicles. Paragraph (a) is amended to read:

This Section shall apply applies to all motor carrier vehicles operated in Arizona. All A motor carriers carrier that are is not subject to the marking requirements of the U.S. Department of Transportation, shall mark their its vehicles in accordance with the provisions of this section. Such carriers shall use with the letters "AZ" and their its Arizona Use Fuel/Motor Carrier account number in lieu of the USDOT identification number, except that no No identification number marking shall be required for those a motor carriers exempt from the Use Fuel/Motor Carrier License requirement.
- 4-5. 49 CFR 390.23 Relief from regulations. Paragraphs (a), (a)(1), (a)(1)(A), (a)(1)(B), (a)(1)(B)(ii), (a)(2)(A), (a)(2)(B), (a)(2)(B)(ii), and (b) are amended as follows:
 - a. Paragraph (a) is amended to read:

The regulations of contained in 49 CFR 390 through 397 incorporated by R17-4-435 shall do not apply to any a motor carrier, that is not subject to federal jurisdiction, operating and that operates a commercial motor vehicle used or designated to provide emergency relief during an emergency, subject to the following conditions:
 - b. Paragraphs (a)(1), (a)(1)(A), (a)(1)(B), and (a)(1)(B)(ii) shall not apply are deleted.
 - c. Paragraph (a)(2)(A) is amended as follows:

An emergency has been declared by a federal, state, or local government official having authority to declare an emergency, and
 - d. Paragraph (a)(2)(B) is amended as follows:

The Arizona Department of Public Safety, Special Services Division, has determined Region, determines that a local emergency exists which that justifies an exemption from any or all of these Parts. If it is the Arizona Department of Public Safety, Special Services Region determined determines that relief from these regulations is necessary to provide vital service to the public, relief shall be granted with any restrictions which they Arizona Department of Public Safety consider considers necessary.
 - e. Paragraph (b) is amended as follows:

"Interstate commerce" means in the furtherance of a commercial enterprise.
- 5-6. 49 CFR 390.25 Extensions of relief from regulations - emergencies is amended as follows:

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Any A motor carrier seeking to extend any a period of relief from these regulations shall obtain approval from the Arizona Department of Public Safety, Special Services Division Region. The motor carrier shall give full details of the additional relief requested. Taking into account both the severity of the ongoing emergency and the nature of the relief services to be provided by the motor carrier, the Arizona Department of Public Safety shall extend any a period of relief requested with any restrictions deemed necessary.

- 6-7. 49 CFR 390.27 Locations of regional motor carrier safety offices. This section is amended to read:

Section 390.27 any To make a request for relief from these regulations, the motor carrier requesting relief shall be made to contact the Arizona Department of Public Safety, Special Services Division Region, Telephone (602) 223-2212.

R17-4-435.02. Motor Carrier Safety: 49 CFR 391- Qualifications of Drivers

- A. 49 CFR 391, as incorporated in these rules, is amended as follows:

1. 49 CFR 391.2 General exemptions. The exceptions for "exempt intracity zone drivers" in paragraph (d) do not apply are deleted.

2. 49 CFR 391.11 Qualifications of drivers. Paragraph (b)(1) is amended to read:

Is at least 21 years of age for interstate operation; and at least 18 years of age for operations restricted to intrastate transportation not involving the transportation of reportable quantities of hazardous substances, hazardous wastes required to be manifested or hazardous materials in an amount requiring the vehicle to be marked or placarded pursuant to R17-4-436;

3. 49 CFR 391.49 Waiver of certain physical defects. Paragraphs (a), (b), (c)(iv), (d)(3)(i), and (d)(3)(i)(B) are amended as follows:

- a. Paragraph (a) is amended by adding:

A person An individual who is not physically qualified to drive under Section 49 CFR 391.41(b)(1), (b)(2) or (b)(10) who is otherwise qualified to drive a motor vehicle, may drive a motor vehicle in intrastate commerce if the Division Director has granted an intrastate waiver to that person the individual. Application for an intrastate waiver shall be submitted in accordance with paragraph subsection (4) of this rule. If granted, an intrastate waiver shall be for a period not exceeding two 2 years. Once granted, an intrastate waiver may be transferred An individual granted an intrastate waiver may transfer the intrastate waiver from an original employer to a new employer upon written notification to the Division Director stating the name of the new employer and the type of equipment to be driven.

- b. Paragraph (b) is amended by adding:

To obtain an intrastate waiver, A an applicant or an applicant and co-applicant shall submit a letter of application for an intrastate waiver may be submitted by the applicant, or jointly by the person who seeks an intrastate waiver of the physical qualification (driver applicant) and the motor carrier (co-applicant) that shall employ the driver applicant if the intrastate waiver

request is granted of a physical qualification. The application shall be addressed to the Motor Vehicle Division, P.O. Box 2100, Mail Drop 531M, Phoenix, Arizona 85001-2100. The driver applicant shall comply with all the requirements of paragraph 49 CFR 391.49(c) of 49 CFR 391.49, "Waiver of certain physical defects", except paragraphs (c)(1)(i) and (c)(1)(iii). The driver applicant shall respond to the requirements of paragraphs 49 CFR 391.49(c)(2)(ii) through (c)(2)(v) of 49 CFR 391.49, if the information is known.

- c. Paragraph (c)(1)(iv) is amended to read:
A description of the driver applicant's limb or visual impairment for which waiver is required requested.

- d. Paragraph (d)(e)(i) (d)(3)(i) is amended to read:
The medical evaluation summary for a driver applicant disqualified under 49 CFR 391.41 (b)(1) or (b)(10) shall include:

- e. Paragraph (d)(3)(i)(B) is amended by adding:
Or a statement by the examiner that the applicant for an intrastate waiver has distant visual acuity of at least 20/40 (Snellen) or better, with or without a corrective lens, in one 1 eye; a field of vision of at least 70 degrees in one 1 direction and 35 degrees in the other direction of the horizontal meridian of the applicant's dominant eye; and the ability to distinguish the colors of traffic signals and devices showing standard red, green, and amber.

4. Waiver procedures for intrastate drivers.

- a. The Division Director shall:

- i. Appoint a four-member Waiver Board consisting of the Division's Driver Waiver Program Manager or designated alternate, the Division's Medical Review Officer and two 2 other persons individuals to consider requests for physical waivers; and
ii. Approve or disapprove deny a physical waiver after consideration of the recommendation submitted by the Waiver Board.

- b. The Waiver Board shall:

- i. Meet within not less than 20 or more than 30 days of receipt of an interstate intrastate waiver application; ;
ii. Review the application to insure ensure that all provisions of 49 CFR 391.49 are met; ;
iii. Take necessary testimony and accept documentation and information pertinent to the application; ;
iv. Assure Ensure that drivers applying for an intrastate waiver of the visual requirements:
(1) Have driven the type of vehicle to be operated under the waiver for at least two 2 of the previous five 5 years; and
(2) Will not transport passengers for hire or transport reportable quantities of hazardous substances, hazardous wastes required to be manifested; or hazardous materials required to be marked or placarded pursuant to A.A.C. R17-4-436; ;

- v. Submit a written recommendation to the Division Director to approve or deny the waiver; ; and

- vi. Notify the applicant by mail of:

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- (1) ~~Prior to the review, of the~~ The date, time, and place of the review at least 5 days before the review; and
 - (2) ~~After the decision of the Division Director, of the~~ The results of such decisions the Division Director's decision concerning the approval or denial of the waiver within 10 days of the decision.
- c. The applicant:
- i. Shall submit ~~the an~~ application to the Division pursuant to 49 CFR 391.49 (a), (b), (c), and (d) as amended by this rule; ~~and~~
 - ii. May request a summary review or may appear in person or through counsel at the review.
- d. Waiver form.
- i. The waiver form shall reflect the terms, conditions, or limitations of the waiver.
 - ii. The Division shall maintain the original waiver form shall be maintained by the Division.
 - iii. ~~A legible copy shall be retained by the~~ The
- motor carrier shall retain a legible copy of the waiver form as long as the driver is employed as a driver and for three 3 years thereafter.
- iv. A legible copy shall be in the possession of the driver to whom a waiver form has been granted shall have a legible copy of the waiver form in the driver's possession when driving a commercial motor vehicle or otherwise on duty.
5. Subpart F - Files and Records
49 CFR 391.51 Driver qualification files. Paragraph (b)(2) is amended by adding the following text:
or the Waiver board's Board's letter of notification, granting an intrastate waiver of physical disqualification, if a waiver is granted pursuant to this rule.
6. Subpart G - Limited Exemptions
49 CFR 391.71 Intrastate drivers of vehicles transporting combustible liquids. Exemptions in this Section ~~do not~~ apply are deleted.